FORM PVP 9  REQUEST FOR EXAMINATION BY LOCAL PRESCRIBED EXAMINATION AUTHORITY UNDER SECTION 17 OF THE ACT

This form will take about 3-4 minutes to complete.

PART 1  Your reference

PART 2  PVP No.

PART 3  Particulars of applicant for grant of protection

Name

Address
PART 4

Address for service
Name

Address

Telephone
Fax

Signature ______________________
Date  Month  Year

Name _________________________
(in block letters)
Official capacity of signatory

General Instructions

a.  This form should preferably be typewritten to assist in processing.
b.  A separate form should be used for each application for grant.
c.  This form when completed should be filed with the prescribed fee.
d.  If there is not enough space to fill in any part of this form, please use separate sheets.
e.  Please note that the address for service must be an address in Singapore. Your attention is
drawn to rule 9 of the Plant Varieties Protection Rules 2004.
f.  Once you have filled in the form, please remember to sign and date it.
<table>
<thead>
<tr>
<th>Name (Tax invoice to be issued to)</th>
<th>The name of the Applicant (as in PART 3 of this form) is to be indicated in this field.</th>
</tr>
</thead>
</table>

**Note:**
Tax invoice will be issued to the entity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim input tax with Inland Revenue Authority of Singapore (IRAS), subject to meeting the requirements under the GST Act.