


<b>FORM CM13</b>  *1019*	<b>Request for Continued Processing of an Application</b>
<p><u>Estimated Time:</u> This form may take approximately 1 - 5 minutes to complete.</p> <p><u>General:</u> a. * denotes mandatory field. b. Please provide the IPOS reference number (where applicable) in order for us to expedite the processing of this form.</p>	
<b>PART 1 Reference</b>	
Your Reference	<input type="text"/>
IPOS Reference	<input type="text"/>
<b>PART 2 Application No.*</b>	
Trade Mark No.	<input type="text"/>
<b>PART 3 Name of Applicant</b>	
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet CS 4.</p>	
UEN <i>(not applicable for foreign companies)</i>	<input type="text"/>
Name	<input type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
<b>PART 4 Address for Service/Contact Details*</b>	
<p><u>Note:</u> a. Please fill in your IPOS Digital Hub Account Address</p>	
Entity Code	<input type="text"/>
Agent/Representative Name <i>(if applicable)</i>	<input type="text"/>
C/O Name <i>(if applicable)</i>	<input type="text"/>
Address for Service in Singapore	

	<p>Block No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level No. <input type="text"/></p> <p>Unit No. <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Additional Building Information <input type="text"/></p>
	<p>Postal Code <input type="text"/></p>
<p>Contact Person <i>(if applicable)</i></p> <p>Direct Telephone No. <i>(if applicable)</i></p> <p>Email Address <i>(if applicable)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

**PART 6 Declaration\***

Declaration

**By Person Filing the Form**

I, the undersigned, do hereby declare that :

- i. The information furnished above is true to the best of my knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.

**By Agent**

I, the undersigned, do hereby declare that :

- i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
- ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.

Please note that any action from the applicant which is outstanding, must be completed together with this form.

Name

Signature

Date  
(DD/MM/YYYY)

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No. of Extra Sheets  
Attached to this Form

sheet(s)

GST	GST INFORMATION
<b>Tax Invoice*</b>	
<p><u>Note:</u>  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.</p>	
<p>Name (Tax invoice to be issued to)</p>	<p>The name of the requestor should be inserted in this field. If the requestor is also the applicant/proprietor on record, please insert the name of the applicant/proprietor (as in Part 3 of this form).</p> <div data-bbox="544 629 1358 745" style="border: 1px solid black; height: 50px; width: 100%;"></div>