


**SINGAPORE TRADE MARKS ACT (CHAPTER 332)  
TRADE MARKS RULES**

<p><b>FORM TM10</b></p>  <p><i>*3003*</i></p>	<p><b>Filing or Amendment of Regulations Governing the use of a Collective Mark or Certification Mark</b></p>
<p><u>Pre-requisites:</u> You will need the following to complete this form:</p> <p>a. The Trade Mark No. (if the regulations relate to a national application) or the International Registration No. (if the regulations relate to an International Registration designating Singapore).</p> <p>b. A copy of the regulations if you are filing the regulations for the first time, or the amended copy of the regulations with the amendments in red if you are amending the regulations.</p> <p><u>Estimated Time:</u> This form may take approximately 1 - 5 minutes to complete.</p> <p><u>General:</u></p> <p>a. * denotes mandatory field.</p> <p>b. Please note that any fee paid is not refundable.</p>	
<b>PART 1 Reference</b>	
Applicant/ Agent Reference	<input style="width:90%;" type="text"/>
IPOS Reference <i>(if applicable)</i>	<input style="width:90%;" type="text"/>
<b>PART 2 Application No.*</b>	
Trade Mark No. <i>(For National Application only)</i>	<input style="width:90%; height: 20px;" type="text"/>
International Registration No. <i>(For International Registration Designating Singapore Only)</i>	<input style="width:90%;" type="text"/>
<b>PART 3 Name of Applicant/ Holder/ Registered Proprietor *</b>	
<i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width:90%; height: 20px;" type="text"/>
Name	<input style="width:90%; height: 40px;" type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width:90%; height: 40px;" type="text"/>
<b>PART 4 Request Type*</b>	
The Regulations relate to a <i>(Cross where appropriate)</i>	<input type="checkbox"/> Collective Mark  <input type="checkbox"/> Certification Mark

Type of Filing (Cross where appropriate)	<input type="checkbox"/> First time filing of regulations  <input type="checkbox"/> Amendment of regulations
<b>PART 5 Attachment*</b>	
<i>Note: Amendments to the regulations previously submitted should be shown in red in the amended copy of the regulations.</i>	
Please attach a copy of the regulations.	
<b>PART 6 Address for Service/Contact Details*</b>	
<i>Note: Please fill in your IPOS Digital Hub Account Address</i>	
Entity Code	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Agent/Representative Name (if applicable)	<input type="text"/>
C/O Name (if applicable)	<input type="text"/>
Address for Service in Singapore	
Block/ House No.	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Street Name	<input type="text"/>
Level	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Unit No.	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Building Name	<input type="text"/>
Additional Building Information	<input type="text"/>
Postal Code	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Contact Person (if applicable)	<input type="text"/>
Direct Telephone No. (if applicable)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Email Address (if applicable)	<input type="text"/>

<b>PART 7 Declaration*</b>												
Declaration	<p><b><u>By Person Filing the Form</u></b></p> <p>I, the undersigned, do hereby declare that 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.</p> <p><b><u>By Agent</u></b></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>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.</p>											
Name	<input style="width: 100%;" type="text"/>											
Signature	<input style="width: 100%; height: 40px;" type="text"/>											
Date <i>(DD/MM/YYYY)</i>	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>				/			/				
			/			/						
No. of Extra Sheets Attached to this Form <i>(including the regulations)</i>	<input style="width: 100px; height: 20px;" type="text"/> sheet(s)											

GST	GST INFORMATION
<b>Tax Invoice*</b>	
<p><i>Note:</i>  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 Applicant/Holder/Registered proprietor (as in PART 3 of this form) is to be indicated in this field.</p> <div data-bbox="544 703 1358 819" style="border: 1px solid black; height: 50px; width: 100%;"></div>