


SINGAPORE TRADE MARKS ACT (CHAPTER 332)
TRADE MARKS RULES

<p>FORM TM19</p>  <p style="text-align: center;">*3004*</p>	<h2>Application for Renewal/Restoration of Registration</h2>																						
<p>Pre-requisites: You will need the following to complete the form: a. Trade Mark No. b. Due date (i.e. expiry date) of the trade mark.</p> <p>Estimated Time: This form may take approximately 2 - 7 minutes to complete.</p> <p>General: a. * denotes mandatory field. b. You must send a separate form for each trade mark number. c. The fee for this form is payable on a per class basis.</p>																							
PART 1 Reference																							
Applicant/ Agent Reference																							
IPOS Reference (if applicable)																							
PART 2 Application No.*																							
Trade Mark No.	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
Class No.this Renewal relates to	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p style="text-align: center; font-size: small;"><i>(Note: Class(es) must be registered in order to be renewable.)</i></p>																						
Total No. of Classes this Renewal relates to																							
PART 3 Name of Registered Proprietor*																							
<p style="font-size: small;"><i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i></p>																							
UEN/ Company Code (if applicable)	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						
Name																							
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)																							

PART 4 Due Date of Renewal*																														
<p>State the Due Date of Renewal (DD/MM/YYYY)</p> <p>(Please cross one of the following)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Application for renewal (Before the due date of renewal)</p> <p><input type="checkbox"/> Application for late renewal (Within 6 months after the due date of renewal)</p> <p><input type="checkbox"/> Application for restoration and renewal (6-12 months after the due date of renewal)</p>																													
PART 5 Contact Details*																														
<p><u>Note:</u></p> <p>a. Where an agent with UEN is appointed, the fields for "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. Where an individual or an agent without UEN is appointed, the sub-field "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead.</p> <p>b. For the purpose of renewal and/or restoration, the official correspondence will be sent to the address for service in Singapore as indicated below</p>																														
<p>Agent UEN/ Company Code</p> <p>Agent Name</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table>																													
<p>Representative or C/O Name</p>	<table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table>																													
<p>Address for Service in Singapore</p> <p>Block/ House No.</p> <p>Street Name</p> <p>Level - Unit</p> <p>Building Name</p> <p>Postal Code</p>	<p>Block/ House No. <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Street Name <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Level - Unit <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Building Name <table border="1" style="width: 100%; height: 20px;"></table></p> <p>Postal Code <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																													
<p>Contact Person (if applicable)</p> <p>Direct Telephone No. (if applicable)</p> <p>Email Address (if applicable)</p>	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="width: 100%; height: 20px;"></table>																													

PART 6 Declaration*											
Declaration	<p><u>By Person Filing the Form</u></p> <p>I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <ul style="list-style-type: none"> 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. 										
Name	<input style="width: 100%;" type="text"/>										
Signature	<input style="width: 100%; height: 40px;" type="text"/>										
Date (DD/MM/YYYY)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input style="width: 100px;" type="text"/> sheet(s)										

GST	GST INFORMATION
Tax Invoice*	
<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 Registered proprietor (as in PART 3 of this form) is to be indicated in this field.</p> <div data-bbox="544 647 1358 761" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>