

PART 4 Name of Applicant/ Registered Proprietor*

Note: If there is insufficient space, please use the continuation sheet CS 4.

UEN/ Company Code
(if applicable)

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Name

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Sole Proprietor or
Partners' Name
*(if sole proprietorship or
partnership)*

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PART 5 Details of the Amendment*Details of the
Amendment*

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PART 6 Contact Details*

Note:

- 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.
- b. The official correspondence will be sent to the address for service in Singapore as indicated below.

Agent UEN/ Company
Code

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Agent Name

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Representative or C/O
Name

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	<p>Address for Service in Singapore</p> <p>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=""/></p> <p>Street Name <input type="text" value=""/></p> <p>Level - Unit <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=""/></p> <p>Building Name <input type="text" value=""/></p> <p>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=""/></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" value=""/></p> <p><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=""/></p> <p><input type="text" value=""/></p>
<p>PART 7 Declaration*</p>	
<p>Declaration <i>(This is only required if the amendment affects registrations)</i></p>	<p>I declare that there is no action concerning the above trade mark(s) pending in the court.</p>
<p>PART 8 Declaration*</p>	
<p>Declaration</p>	<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> <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.</p>
<p>Name</p> <p>Signature</p> <p>Date <i>(DD/MM/YYYY)</i></p>	<p><input type="text" value=""/></p> <p><input type="text" value=""/></p> <p><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=""/></p>
<p>No. of Extra Sheets Attached to this Form</p>	<p><input type="text" value=""/> sheet(s)</p>

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>	
Name (Tax invoice to be issued to)	<p>The name of the Applicant/Registered proprietor (as in PART 4 of this form) is to be indicated in this field.</p> <div data-bbox="545 609 1359 725" style="border: 1px solid black; height: 50px; width: 100%;"></div>