


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

<p>FORM TM28</p>  <p>*5303*</p>	<p>Application for Revocation/ Invalidation/ Rectification</p>																				
<p><u>Pre-requisites:</u> a. Please have a copy of the statement of grounds on which the application for revocation/ declaration of invalidity/ rectification is made ready.</p> <p><u>Estimated Time:</u> This form may take approximately 2-7 minutes to complete.</p> <p><u>General</u> a. * denotes mandatory field. b. If the application for revocation/ declaration of invalidity/ rectification relates to a Protected International Trade Mark (Singapore), the international registration number must be given, in addition to the Application No., and the Class No. For real-time status updates and changes to the international registration which may affect this application, please refer to WIPO's Madrid Monitor at http://www.wipo.int/madrid/monitor/en/index.jsp. c. For rectification of the register by the proprietor of the trade mark, please use Form TM27 as the case may be. d. This Form TM28 may be used for more than one type of application. e. The fee is payable on a per class and per action basis. f. If the declaration "A copy has been served on the other party at the same time" is not selected, the document will not be taken as filed.</p>																					
PART 1 Reference																					
Applicant/ Agent Reference																					
PART 2 Application No.*																					
Application No.*	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>																				
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Total No. of Classes this Application relates to																					
PART 3 Name of Registered Proprietor*																					
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet in CS 4.</p>																					
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Name																					
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>																					

PART 4 Details of Applicant for Revocation/ Declaration of Invalidity/ Rectification**Note: If there is insufficient space, please use the continuation sheet in CS 1.*

UEN/ Company Code <i>(if applicable)</i> Name	<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> <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> <tr> <td colspan="20" style="height: 50px;"></td> </tr> </table>																																																																																																														
Address	Singapore Address <input type="checkbox"/> This Singapore address is to be used as the address for service for the purposes of this application. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 6.)</i> 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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Street Name <table border="1" style="display: inline-table;"><tr><td colspan="20" style="height: 25px;"></td></tr></table> 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><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><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><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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Building Name <table border="1" style="display: inline-table;"><tr><td colspan="20" style="height: 25px;"></td></tr></table> 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><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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																																																														
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Nationality or Country of Incorporation* State of Incorporation <i>(mandatory for USA corporations)</i> Country of Residency <i>(mandatory for individuals)</i> Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<table border="1" style="width: 100%;"><tr><td style="height: 30px;"></td></tr></table> <table border="1" style="width: 100%;"><tr><td style="height: 30px;"></td></tr></table> <table border="1" style="width: 100%;"><tr><td style="height: 30px;"></td></tr></table> <table border="1" style="width: 100%;"><tr><td style="height: 50px;"></td></tr></table>																																																																																																														

PART 5 Purpose of this Application*

This Application is for
(More than one box may be
crossed.)

- Revocation – Grounds based on Non-Use
- Revocation – Grounds other than Non-Use
- Declaration of invalidity
- Rectification

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 address for service in Singapore need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.
- c. For the purpose of this proceeding, official correspondences will be sent to the address for service in Singapore as indicated in this box.

Agent UEN/ Company
Code

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Agent Name

Representative or C/O
Name

Address for Service in Singapore

Block/ House
No.

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Street Name

Level - Unit

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Building
Name

Postal Code

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Contact Person
(if applicable)

Direct Telephone No.
(if applicable)

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Email Address
(if applicable)

PART 7 Attachments

Attach a statement of grounds on which the application for revocation/ declaration of invalidity/ rectification is made.

PART 8 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.																
	<p><input type="checkbox"/> A copy has been served on the other party at the same time.</p> <p><input type="checkbox"/> I declare that there is no action concerning the mark in question pending in the court.</p>																
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%; border-collapse: collapse;"><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; text-align: center;">/</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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				/												
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No. of Extra Sheets Attached to this Form	<input style="width: 100%;" type="text"/> sheet(s)																

GST	GST INFORMATION
Tax Invoice*	
<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 Applicant for Revocation/ Declaration of Invalidity/ Rectification (as in Part 4 of this form) should be inserted in this field.</p> <div data-bbox="545 607 1358 721" style="border: 1px solid black; height: 50px; margin: 10px 0;"></div>