

**SINGAPORE TRADE MARKS ACT 1998  
TRADE MARKS RULES**

<b>FORM TM28</b>	<b>Application for Revocation/ Invalidation/ Rectification</b>										
<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 <a href="http://www.wipo.int/madrid/monitor/en/index.jsp">http://www.wipo.int/madrid/monitor/en/index.jsp</a>. c. For rectification of the register by the proprietor of the trade mark, please use Form TM27 as the case may be. d. The fee is payable on a per class and per action basis. e. 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>											
<b>PART 1 Reference</b>											
My Reference	<input style="width: 100%;" type="text"/>										
<b>PART 2 Application No.*</b>											
Application No.*	<input style="width: 100%;" type="text"/>										
International Registration No.	<input style="width: 100%;" type="text"/>										
Class No. this Application relates to*	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
Total No. of Classes this Application relates to	<input style="width: 50%;" type="text"/>										
<b>PART 3 Name of Registered Proprietor*</b>											
<i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i>											
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 80%;" type="text"/>										
Name	<input style="width: 100%; height: 40px;" type="text"/>										
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 100%; height: 40px;" type="text"/>										

**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.*

<p>UEN/ Company Code <i>(if applicable)</i></p> <p>Name</p>	<input data-bbox="568 188 948 253" type="text"/> <input data-bbox="568 293 1378 405" type="text"/>
<p>Address</p>	<p>Singapore Address</p> <p><input data-bbox="568 499 624 555" 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></p> <p>Block/ House No. <input data-bbox="775 618 1005 683" type="text"/></p> <p>Street Name <input data-bbox="775 723 1378 788" type="text"/></p> <p>Level - Unit <input data-bbox="775 808 1195 873" type="text"/></p> <p>Building Name <input data-bbox="775 913 1378 978" type="text"/></p> <p>Postal Code <input data-bbox="775 999 1005 1064" type="text"/></p>
	<p>Foreign Address</p> <p>Line 1 <input data-bbox="775 1167 1378 1232" type="text"/></p> <p>Line 2 <input data-bbox="775 1256 1378 1321" type="text"/></p> <p>Line 3 <input data-bbox="775 1346 1378 1411" type="text"/></p>
<p>Nationality or Country of Incorporation*</p> <p>State of Incorporation <i>(mandatory for USA corporations)</i></p> <p>Country of Residency <i>(mandatory for individuals)</i></p> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<input data-bbox="568 1464 1142 1529" type="text"/> <input data-bbox="568 1570 1142 1635" type="text"/> <input data-bbox="568 1659 1142 1724" type="text"/> <input data-bbox="568 1760 1372 1872" type="text"/>

<b>PART 5 Purpose of this Application*</b>	
This Application is for	<input type="checkbox"/> Revocation – Grounds based on Non-Use <input type="checkbox"/> Revocation – Grounds other than Non-Use <input type="checkbox"/> Declaration of invalidity <input type="checkbox"/> Rectification
<b>PART 6 Contact Details*</b>	
<p><i>Note:</i></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. 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.</p> <p>c. For the purpose of this proceeding, official correspondences will be sent to the address for service in Singapore as indicated in this box.</p>	
Agent UEN/ Company Code	<input type="text"/>
Agent Name	<input type="text"/>
Representative or C/O Name	<input type="text"/>
Address for Service in Singapore	
Block/ House No.	<input type="text"/>
Street Name	<input type="text"/>
Level - Unit	<input type="text"/>
Building Name	<input type="text"/>
Postal Code	<input type="text"/>
Contact Person <i>(if applicable)</i>	<input type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<input type="text"/>
Email Address <i>(if applicable)</i>	<input type="text"/>

**PART 7 Attachments**

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

**PART 8 Declaration\***

Declaration

**By Person Filing the Form**

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.

**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.

A copy has been served on the other party at the same time.

I declare that there is no action concerning the mark in question pending in the court.

Name

Signature

Date  
(DD/MM/YYYY)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 Applicant for Revocation/ Declaration of Invalidity/ Rectification (as in Part 4 of this form) should be inserted in this field.</p> <div data-bbox="560 551 1374 667" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>