


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

<p align="center">FORM TM48</p> 	<p>Request For Extension of Time to File Notice of Opposition</p>
<p><u>Pre-requisites:</u> a. If you intend to attach any documents to this application, please have a copy of the said documents ready.</p> <p><u>Estimated Time:</u> This form may take approximately 1 - 5 minutes to complete.</p> <p><u>General</u> a. * denotes mandatory field. b. If this Form TM48 relates to an International Registration Designating 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 request, please refer to WIPO's Madrid Monitor at http://www.wipo.int/madrid/monitor/en/index.jsp. c. After filing this Form TM48, Form TM11 must be filed within 4 months from the date of publication of the application for registration even if you have not been advised of the outcome of this request for extension of time. d. No fee is payable for this form.</p>	
PART 1 Reference	
Applicant/ Agent Reference	<input style="width: 100%; height: 20px;" type="text"/>
PART 2 Application No.*	
Application No.*	<input style="width: 100%; height: 20px;" type="text"/>
International Registration No.	<input style="width: 100%; height: 20px;" type="text"/>
Class No. being Opposed*	<input style="width: 100%; height: 20px;" type="text"/>
Total No. of Classes being Opposed	<input style="width: 100%; height: 20px;" type="text"/>
PART 3 Name of Applicant/ Holder*	
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet in CS 4.</p>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" 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 Intended Opponent*	
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet CS 1.</p>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>

Name	<input type="text"/>
Address	<p>Singapore Address</p> <p><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></p> <p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></p>
	<p>Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p> <p>Line 3 <input 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>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

PART 5 Reason for Extension of Time*

Reason for Extension of Time

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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 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

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Representative or C/O Name

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Address for Service in Singapore

Block/ House No.

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Street Name

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Level - Unit

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Building Name

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Postal Code

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Contact Person
(if applicable)

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Direct Telephone No.
(if applicable)

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Email Address <i>(if applicable)</i>	<input type="text"/>
PART 7 Attachments	
Please attach any supporting documents for this request.	
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> <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>This part is only for applications published before 31 January 2017.</p> <p>Please note that it is mandatory that consent is either obtained or sought.</p>	<p><input type="checkbox"/> Consent of the other party to the proceeding has been sought.</p> <p><input type="checkbox"/> Consent of the other party to the proceeding has been obtained.</p>
<p>This part is only for applications published on or after 31 January 2017.</p> <p>Please note that it is mandatory to serve a copy of this form on the other party and every person likely to be affected by the extension.</p>	<p><input type="checkbox"/> A copy of this form will be served on the other party and every person likely to be affected by the extension at the same time.</p> <p><input type="checkbox"/> (If applicable) The identity and address of “every person likely to be affected by the extension”, apart from the other party, on whom I will serve this form are:</p> <p>Identity: <input type="text"/></p> <p>Address: <input type="text"/></p>
<p>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>No. of Extra Sheets Attached to this Form</p>	<p><input type="text"/> sheet(s)</p>