## **SINGAPORE PATENTS ACT (CHAPTER 221) PATENTS RULÈS**

## **PATENTS FORM 8**



## Statement of Inventorship and of Right to Grant of Patent

<u>Estimated Time:</u> This form may take approximately 9 - 13 minutes to complete.

| <ul> <li>General: <ul> <li>a. * denotes mandatory fields.</li> <li>b. Attention is drawn to sections 104 and 105 of the Patents Act, rules 90 and 105 of the Patents Rules, and the Patents (Patent Agents) Rules 2001.</li> </ul> </li> </ul> |   |  |
|--|---|--|
| PART 1 Reference   |   |  |
| Applicant/ Agent<br>Reference  |   |  |
| PART 2 Application No  | o.*   |  |
| Application No.*   |   |  |
| PART 3 Title of Inventi  | on*   |  |
| Title of Invention*  |   |  |
| PART 4 Name of Appli   | cant*   |  |
| Note: If there is insufficient space,  | please use the continuation sheet CS 4.   |  |
| UEN/ Company Code<br>(if applicable)   |   |  |
| Name   |   |  |
| Sole Proprietor or<br>Partners' Name<br>(if sole proprietorship or<br>partnership)   |   |  |
| PART 5 Details of Inve   | ntor*   |  |
| Note: If there is insufficient space,  | please use the continuation sheet CS 5.   |  |
| Name   |   |  |
| Address  | Singapore Address  This Singapore address is to be used as the address for service for the purposes of this form.  (Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 7.) |  |

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|  | Block/ House<br>No.           |
|--|-------------------------------|
|  | Street Name                   |
|  | Level - Unit                  |
|  | Building<br>Name              |
|  | Postal Code                   |
|  | Foreign Address               |
|  | Line 1                        |
|  | Line 2                        |
|  | Line 3                        |
| Nationality*   |                               |
| State of Residency<br>(mandatory for USA)  |                               |
| Country of Permanent<br>Residence*<br>(mandatory for individuals)                        |                               |
| The Above Inventor was Resident in Singapore at Any Time during the Period of Invention? | Yes No                        |
| PART 6 Derivation of R   | ight*                         |
| The Applicants Derived<br>the Right from the<br>Inventor to be Granted                   | By Contract of Employment     |
| the Said Application* (Note: Only one checkbox may be crossed)                           | By Assignment of Invention    |
|  | Others (Please specify below) |
|  |                               |

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| PART / Contact Details   |   |
|--|---|
| <ul> <li>Note: <ul> <li>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.</li> <li>The address for service in Singapore need not be filled up if the person's address in Part 5 is to be used as an address for service in Singapore.</li> <li>The official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.</li> <li>Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.</li> </ul> </li></ul> |   |
| Agent UEN/ Company<br>Code   |   |
| Agent Name   |   |
| Representative or C/O<br>Name  |   |
|  | Address for Service in Singapore  |
|  | Block/ House<br>No.   |
|  | Street Name   |
|  | Level - Unit  |
|  | Building<br>Name  |
|  | Postal Code   |
| Contact Person<br>(if applicable)  |   |
| Direct Telephone No. (if applicable)   |   |
| Email Address<br>(if applicable)   |   |
| PART 8 Statement   |   |
| Statement  | I/ We believe that the person(s) stated in part 5 is/ are the inventor(s) of the invention in respect of which the patent application is made.  I/ We also consent to the publication of the details contained herein to each of the inventors as stated in part 5. |

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| PART 9 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:  |
|  | <ul> <li>I have been duly authorised to act as an agent on behalf of the<br/>person(s) filing this form.</li> </ul>  |
|  | <ul> <li>The information furnished above on behalf of the person(s) filing<br/>this form is true to the best of the person(s)' knowledge. I<br/>understand that I may be liable for criminal prosecution for<br/>providing any false information in this application.</li> </ul> |
| Name   |  |
| Signature                                    |  |
| Date<br>(DD/MM/YYYY)                         |  |
| No. of Extra Sheets<br>Attached to this Form | sheet(s)   |

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