

	<p>service for the purposes of this form. <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>
<p>PART 5 Details of Renewal*</p>	
<p><u>Note:</u></p> <p>a. Please cross the first checkbox if the patent is granted after the expiry of 45 months from the date of filing of the patent and this is the first time you are making payment of renewal fee for your patent.</p> <p>b. Please indicate the anniversary of the patent for which renewal is sought, e.g. 11th.</p> <p>c. If this form is filed after the relevant deadline for making payment of renewal fees but within 6 months of this deadline, an additional fee is payable on top of renewal fees. Please indicate the number of months that this form is filed late in the box provided.</p>	
<p>Details of Renewal</p>	<p><input type="checkbox"/> Payment of renewal for preceding years</p> <p>from <input type="text"/> year</p> <p>to <input type="text"/> year</p> <p>with <input type="text"/> month(s) payment of additional fee</p>

	<input type="checkbox"/> Payment of renewal for succeeding year for <input type="text"/> year with <input type="text"/> month(s) payment of additional fee
	<input type="checkbox"/> Payment of balance of all renewal fees payable due to cancellation of licence of rights <i>(via PF28)</i> from <input type="text"/> year to <input type="text"/> year

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 renewal and/or restoration, the official correspondence will be sent to the address for service in Singapore as indicated in this box.*

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"/> - <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 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. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that:</p> <ol 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. I understand that I may be liable for criminal prosecution for providing any false information in this application.
Name Signature Date <i>(DD/MM/YYYY)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)

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>	
<p>Name (Tax invoice to be issued to)</p>	<p><i>The name of the Proprietor (as in Part 3 of this form) should be inserted in this field.</i></p> <div data-bbox="544 607 1358 719" style="border: 1px solid black; height: 50px; margin-top: 20px;"></div>