


**SINGAPORE PATENTS ACT (CHAPTER 221)
PATENTS RULES**

<p>PATENTS FORM 12A</p>  <p style="text-align: center;">*2011*</p>	<p>Request for Supplementary Examination Report</p>																				
<p><u>Estimated Time:</u> This form may take approximately 8 - 12 minutes to complete.</p> <p><u>General:</u> a. * denotes mandatory fields. 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.</p>																					
PART 1 Reference																					
Applicant/ Agent Reference	<input style="width: 100%; height: 20px;" type="text"/>																				
PART 2 Application No.*																					
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PART 3 Name of Applicant*																					
<p><i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i></p>																					
<p>UEN/ Company Code <i>(if applicable)</i></p> <p style="text-align: center;">Name</p> <p style="text-align: center;">Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td style="width: 100%; height: 60px; border: 1px solid black;"></td> </tr> <tr> <td style="width: 100%; height: 40px; border: 1px solid black;"></td> </tr> </table>																				
PART 4 Prescribed Document Furnished*																					
<p>Prescribed Document Furnished <i>(Note: Cross only one option and any supporting options where required. A claim correspondence table must be furnished.)</i></p>	<p><input type="checkbox"/> You are relying on the final results of a corresponding application, corresponding international application or related national phase application <i>(details to be provided below)</i></p> <p><input type="checkbox"/> A certified copy of granted patent or a copy thereof: or</p> <p><input type="checkbox"/> Document(s) setting out the final results of the search and examination as to substance with a copy of claims referred to in the final results.</p>																				

(i) Application/ patent no. of the corresponding application or the corresponding international application

(ii) Filed in or under *(Prescribed patent office/ Patent Co-operation Treaty)*

PCT Article 19 and/or 34 amendments were made (to indicate for corresponding international application only) Yes No

You are relying on the final results of any search and examination as to the substance of the application in suit during its international phase (details to be provided below)

You are relying on an International Preliminary report on Patentability (Chap 1)

PCT Article 19 amendments were made Yes No

You are relying on an International Preliminary Report on Patentability (Chap 2)

PCT Article 19 and/or 34 amendments were made Yes No

PART 5 International Patent Classification (IPC)**Note: If there is insufficient space, please use the continuation sheet in CS 6.*

International Patent Classification (IPC) for the Application*

PART 6 Contact Details**Note:*

- 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.
- 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.
- Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.

Agent UEN/ Company Code

Agent Name

Representative or C/O Name

Address for Service in Singapore

Block/ House No.

Street Name

Level - Unit

 -

Building Name

Postal Code

Contact Person
*(if applicable)*Direct Telephone No.
*(if applicable)*Email Address
(if applicable)

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.												
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Signature	<input type="text"/>												
Date (DD/MM/YYYY)	<table border="1"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>				/				/				
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