# SINGAPORE TRADE MARKS ACT / PATENTS ACT / REGISTERED DESIGNS ACT (CHAPTER 332 / 221 / 266) TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES

# FORM CM4



# **Request for Correction of Error**

#### Pre-requisites:

- a. Where the correction relates to specification of a patent or an application for a patent, the page(s) of specification with proposed correction is to be attached to this form for submission.
- b. To provide supporting document to justify the correction.

## Estimated Time:

This form may take approximately 2 - 7 minutes to complete.

### General:

- a. \* denotes mandatory field.
- b. If you are not the agent on record for the form to be corrected, please file CM1.
- c. Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).
- d. This form is not applicable to correct errors made in all hearings and mediation related matters and all WIPO forms.
- e. The fees payable is based on per form.
- f. If the correction relates to more than one application number, the correction must be the same for all the application numbers.
- g. For Patents, 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.

PART 1 Reference	
Applicant/ Agent Reference	
IPOS Reference (if applicable)	
PART 2 Application No.	*
<ul> <li>b. International Registration No.</li> <li>c. You may indicate more than of contained more than one applied. All the numbers listed below m</li> </ul>	Designs Number / Patent Application Number/ Trade Marks Number.  and International Application No. are applicable to Trade Marks only.  In application number if the option "Correction of Form" in Part 5 is selected and that form ication number.  In a selected and that form ication number to the same applicant/ proprietor indicated in Part 3.  In a selected and that form ication number.  In a selected and that form ication
PART 3 Name of Applic	ant/ Proprietor*
Note: If there is insufficient space,	please use the continuation sheet in CS 4.
UEN/ Company Code (if applicable)	
Name	

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Sole Proprietor or Partners' Name (if sole proprietorship or partnership)				
PART 4 Details of Pers	on Filing the Request*			
PART 4 Details of Person Filing the Request*  Note: If the person(s) filing this request is/are the proprietor(s) mentioned in part 3 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet CS 1.				
UEN/ Company Code (if applicable)				
Name				
Address	Singapore Address  This Singapore address is to be used as the address service for the purposes of this form.  (Note: If this is crossed, it is not necessary to fill up the address for service Singapore in part 8.)			
	Block/ House No.			
	Street Name			
	Level - Unit -			
	Building Name			
	Postal Code			
	Foreign Address			
	Line 1			
	Line 2			
	Line 3			
Nationality or Country of Incorporation*				
State of Incorporation (mandatory for USA corporations) Country of Residency				
(mandatory for individuals)				

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Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	
PART 5 Correction Typ	e*
Correction Type* (Note: For Patents, you may select more than one correction type. For Trade Marks and Designs, select one correction type only.)	Correction of Form Lodged  Form No.
	Form Lodgement Date (DD/MM/YYYY)
	Correction of Register of Patents or Designs
	Correction of Specification of a Patent or of an Application for a Patent
	Correction of any other documents filed in connection with the Patent or an Application for a Patent
PART 6 Details of Corre	ection*
For Patents, where the request for the replacement text/figure and the	te the affected class if the correction does not apply to all classes in the application. correction relates to a specification, please indicate the page number and the document of text/figure to be replaced. Please also explain why the correction sought is obvious in the that nothing else would have been intended than what is offered as the correction.
Details of Correction*	

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PART 7 Reasons for C	orrection*
Reasons for Correction* (please provide supporting documents, if applicable)	
PART 8 Contact Detail	c*
Note:	<del>-</del>
Service in Singapore" should "Representative or C/O Name b. The address for service in Singapore. c. The official correspondence was any as the one on our reco	appointed, the fields for "Agent UEN/ Company Code", "Agent Name" and "Address for be completed. Where an individual or an agent without UEN is appointed, the sub-field s" and "Address for Service in Singapore" should be completed instead. In agaptive need not be filled up if the person's address in Part 4 is to be used as an address for will be sent to the address for service in Singapore as indicated in this box, and must be the red.  In a different agent or Form CM2 if you have changed your address for service in Singapore.
Agent Name	
Representative or C/O Name	
	Address for Service in Singapore
	Block/ House No.
	Street Name
	Level - Unit
	Building Name
	Postal Code

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Contact Person (if applicable)	
Direct Telephone No. (if applicable)	
Email Address (if applicable)	
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 person(s) filing this form.</li> </ul>
	<ul> <li>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.</li> </ul>
Name	
Signature	
Date (DD/MM/YYYY)	
No. of Extra Sheets Attached to this Form	sheet(s)

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GST	GST INFORMATION
Tax Invoice*	
Note:	
	ntity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim nority of Singapore (IRAS), subject to meeting the requirements under the GST Act.
Name (Tax invoice to be issued to)	The name of the proprietor/applicant (as in Part 3 of the form) should be inserted in this field if it pertains to a request for Correction of Error in Specification for Patents. Otherwise, please insert the name of the requestor (as in Part 4 of the form).

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