



<p>Sole Proprietor or Partners' Name (if sole proprietorship or partnership)</p>	<div style="border: 1px solid black; height: 60px;"></div>
<p><b>PART 4 Details of Person Filing the Request*</b></p>	
<p><i>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.</i></p>	
<p>UEN/ Company Code (if applicable)</p>	<div style="border: 1px solid black; display: flex; justify-content: space-between; width: 200px; height: 25px; margin-bottom: 10px;"> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> </div> <p>Name</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Address</p>	<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 form. (Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 8.)</p> <p>Block/ House No. <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100px; height: 25px; margin-left: 20px;"> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> </div></p> <p>Street Name <div style="border: 1px solid black; width: 300px; height: 25px; margin-left: 20px;"></div></p> <p>Level - Unit <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 150px; height: 25px; margin-left: 20px;"> <span style="width: 40px;"></span> <span style="width: 10px;"></span> <span style="width: 40px;"></span> </div></p> <p>Building Name <div style="border: 1px solid black; width: 300px; height: 25px; margin-left: 20px;"></div></p> <p>Postal Code <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100px; height: 25px; margin-left: 20px;"> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> <span style="width: 20px;"></span> </div></p>
	<p>Foreign Address</p> <p>Line 1 <div style="border: 1px solid black; width: 300px; height: 25px; margin-left: 20px;"></div></p> <p>Line 2 <div style="border: 1px solid black; width: 300px; height: 25px; margin-left: 20px;"></div></p> <p>Line 3 <div style="border: 1px solid black; width: 300px; height: 25px; margin-left: 20px;"></div></p>
<p>Nationality or Country of Incorporation*</p> <p>State of Incorporation (mandatory for USA corporations)</p> <p>Country of Residency (mandatory for individuals)</p>	<div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 300px; height: 25px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 300px; height: 25px;"></div>

<p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<div style="border: 1px solid black; height: 60px;"></div>
<p><b>PART 5 Correction Type*</b></p>	
<p>Correction Type* <i>(Note: For Patents, you may select more than one correction type. For Trade Marks and Designs, select one correction type only.)</i></p>	<p><input type="checkbox"/> Correction of Form Lodged</p> <p style="text-align: right;">Form No. <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Form Lodgement Date (DD/MM/YYYY) <input style="width: 100px; height: 20px;" type="text"/></p> <hr/> <p><input type="checkbox"/> Correction of Register of Patents or Designs</p> <hr/> <p><input type="checkbox"/> Correction of Specification of a Patent or of an Application for a Patent</p> <hr/> <p><input type="checkbox"/> Correction of any other documents filed in connection with the Patent or an Application for a Patent</p>
<p><b>PART 6 Details of Correction*</b></p>	
<p><i>Note: For Trade Marks, please state the affected class if the correction does not apply to all classes in the application. For Patents, where the request for correction relates to a specification, please indicate the page number and the document of the replacement text/figure and the text/figure to be replaced. Please also explain why the correction sought is obvious in the sense that it is immediately evident that nothing else would have been intended than what is offered as the correction.</i></p>	
<p>Details of Correction*</p>	<div style="border: 1px solid black; height: 250px;"></div>



Contact Person <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>
Email Address <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>

**PART 9 Declaration\***

Declaration	<p><b><u>By Person Filing the Form</u></b></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><b><u>By Agent</u></b></p> <p>I, the undersigned, do hereby declare that:</p> <ul style="list-style-type: none"> <li>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</li> <li>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.</li> </ul>
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Name	<input style="width: 100%; height: 25px;" type="text"/>
Signature	<input style="width: 100%; height: 45px;" type="text"/>
Date <i>(DD/MM/YYYY)</i>	<input style="width: 100%; height: 25px;" type="text"/>

No. of Extra Sheets Attached to this Form	<input style="width: 100%; height: 25px;" type="text"/> sheet(s)
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GST	GST INFORMATION
<b>Tax Invoice*</b>	
<p><u>Note:</u>  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><b>Name</b> (Tax invoice to be issued to)</p>	<p><i>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).</i></p> <div data-bbox="544 616 1358 730" style="border: 1px solid black; height: 50px; width: 100%;"></div>