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

FORM CM1	Request to Appoint, Change or Remove Agent		
*1001*			
<u>Estimated Time:</u> This form may take approximately	2 - 7 minutes to complete.		
number. c. Please file one form for each I d. For Patents, attention is drawr Patents (Patent Agents) Rules e. Please e-file CM 2 if you are a	appoint, change or discharge an agent, the fees payable is based on per IP application P type (i.e. only Trade Marks, Designs or Patents). In to sections 104 and 105 of the Patents Act, rules 90 and 105 of the Patents Rules, and the 2001. Immending the name and/or Singapore Address for Service of Agent		
PART 1 Reference			
Applicant/ Agent Reference			
IPOS Reference (if applicable)			
PART 2 Application No.	*		
Note:  a. Application number refers to D. b. International Registration No. c. All the numbers listed below n Trade Marks, Designs or Pate	Designs Number / Patent Application Number/ Trade Marks Number.  and International Application No. are applicable to Trade Marks only.  nust belong to the same applicant/proprietor indicated in Part 3 and of the same IP type (i.e.  nts only). Please use a separate form if otherwise.  lease use the continuation sheet CS 3.		
Application No./ International Registration No./ International Application			
No.*			
PART 3 Person for who	om an Agent is to be Appointed, Changed or Removed*		
	please use the continuation sheet in CS 4.		
( <u>Note</u> :Cross only one checkbox)	Applicant/ Proprietor Others		
UEN/ Company Code (if applicable)			
Name			

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Sole Proprietor or Partners' Name (if sole proprietorship or partnership)					
PART 4 Type of Reques	st*				
Please cross the relevant box to in	ndicate the typ	e of request. Note that separate forms should be used for different requests			
Type of Request* (Note:Cross only one checkbox)		Request to appoint or change an agent. (Please fill up Part 5, 8-10)			
		Request to remove an agent on record. (Please fill up Part 5-10)			
PART 5 Matter on which	h the Ager	nt is Authorised for			
Note:  (i)For all matters on behalf of the Respondent for revocation, invalidation, rectification or opposition, please select <0thers> (ii)** If registration/grant has been renewed at least once, this selection will not update the address for service on renewal matters. To update the address for service on renewal matters as well as the Master address for service, please select <renewal all="" and="" grant="" matters="" registration="" relating="" to=""> option.</renewal>					
Matter on which the Agent is Authorised for ( <u>Note</u> :Cross only one checkbox)		For all matters relating to the application, registration/ grant**, except those matters expressly excluded			
		Renewal and all matters relating to registration/ grant			
		Renewal			
		For all matters relating to the licence (Specify Licence Reference No.)			
		For all matters relating to the security interest			
		(Specify Security Interest Reference No.)			
		For all matters on behalf of the Initiator for revocation,			
		invalidation or rectification or opposition (Specify Case No.)			
		Form MM2(E) (for Trade Marks)			
		Other MM Forms except MM1, MM2, MM3, MM16, MM17 and MM18 (for Trade Marks)			
		Others (Please state the specific transaction)			

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	nt on Record to be Removed
Note: For removal of agent authorised for please complete Part 6B.	or all matters, please complete Part 6A. For removal of agent authorised for other matters,
PART 6A Agent Authoris	sed for All Matters
UEN/ Company Code (if applicable)	
Name	
PART 6B Agent Authoris	sed for Other Matters
UEN/ Company Code (if applicable)	
Name	
PART 7 New Address f	or Service*
Note: Fill this part if "Request to re a. The official correspondence w	emove agent on record" is indicated in Part 4 of the Form.  will be sent to the address for service in Singapore as indicated in this box.
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)	

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PART 8 Effective Date	for Change		
<u>Note</u> : Any effective date entered must not be more than 1 month from the date of request. If no effective date is entered, the above changes will take effect immediately.			
Effective Date for Change (DD/MM/YYYY)			
PART 9 Contact Details	S*		
Service in Singapore" should "Representative or C/O Name	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 "and "Address for Service in Singapore" should be completed instead.		
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)			

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PART 10	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>		
		ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. The person(s) understand that he/she may be liable for criminal prosecution for providing any false information in this application.		
	Name			
	Signature			
	Date (DD/MM/YYYY)			
	of Extra Sheets ed to this Form	sheet(s)		

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