


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

FORM HC2  *5102*	Request to Extract Registrar's Certificate of Taxation																				
<p><u>Pre-requisites:</u></p> <p>a. If you intend to attach any documents to this application, please have a copy of the said documents ready.</p> <p><u>Estimated Time:</u></p> <p>This form may take approximately 1 - 5 minutes to complete.</p> <p><u>General</u></p> <p>a. * denotes mandatory field.</p> <p>b. 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.</p> <p>c. The fee for Trade Marks is payable on a per class basis.</p>																					
PART 1 Reference																					
Applicant/ Agent Reference	<input style="width: 100%;" type="text"/>																				
IPOS Reference (if applicable)	<input style="width: 100%;" type="text"/>																				
PART 2 Application No.*																					
Application No.*	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
International Registration No. (for Trade Marks only)	<input style="width: 100%;" type="text"/>																				
Case No.*	<input style="width: 100%;" type="text"/>																				
Class No. (for Trade Marks only)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Total No. of Classes (for Trade Marks only)	<input style="width: 100%;" type="text"/>																				
PART 3 Name of Applicant/ Proprietor*																					
<p><i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i></p>																					
UEN/ Company Code (if applicable)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Name	<input style="width: 100%; height: 40px;" type="text"/>																				
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	<input style="width: 100%; height: 40px;" type="text"/>																				

PART 4 **Details of Person Filing this Request for Certificate of Taxation***

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 <i>(if applicable)</i>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Name	<div></div>
Address	<div>Singapore Address</div> <div><div></div><div>This Singapore address is to be used as the address for service for the purposes of this application. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 5.)</i></div></div> <div>Block/ House No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div>Street Name <div></div></div> <div>Level - Unit <div><div></div><div></div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div>Building Name <div></div></div> <div>Postal Code <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
	<div>Foreign Address</div> <div>Line 1 <div></div></div> <div>Line 2 <div></div></div> <div>Line 3 <div></div></div>
Nationality or Country of Incorporation*	<div></div>
State of Incorporation <i>(Mandatory for USA corporations)</i>	<div></div>
Country of Residency <i>(Mandatory for Individuals)</i>	<div></div>
Sole Proprietor or Partners' Name <i>(if Sole Proprietorship or Partnership)</i>	<div></div>

PART 5 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 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.
- For the purpose of this proceeding, 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

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Agent Name

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Representative or C/O
Name

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Address for Service in Singapore

Block/ House
No.

--	--	--	--	--	--	--

Street Name

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Level - Unit

								-						
--	--	--	--	--	--	--	--	---	--	--	--	--	--	--

Building
Name

--

Postal Code

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Contact Person
(if applicable)

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Direct Telephone No.
(if applicable)

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Email Address
(if applicable)

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PART 6 Attachments

Please attach any supporting documents.

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.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge.</p>										
Name	<input type="text"/>										
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></tr></table>										
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)										