


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

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| <p>FORM HC5</p>  <p>*5105*</p> | <p>Request for Grounds of Decision for Ex Parte Hearing</p> |
| <p><u>Pre-requisites:</u> 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> This form may take approximately 1 - 4 minutes to complete.</p> <p><u>General</u> a. * denotes mandatory field. 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> | |
| PART 1 Reference | |
| Applicant/ Agent Reference | <input style="width: 100%;" type="text"/> |
| IPOS Reference <i>(if applicable)</i> | <input style="width: 100%;" type="text"/> |
| PART 2 Application No.* | |
| Application No.* | <input style="width: 100%; height: 20px;" type="text"/> |
| International Registration No. <i>(for Trade Marks only)</i> | <input style="width: 100%;" type="text"/> |
| Case No.* | <input style="width: 100%;" type="text"/> |
| PART 3 Name of Applicant/ Proprietor* | |
| <i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i> | |
| UEN/ Company Code <i>(if applicable)</i> | <input style="width: 100%; height: 20px;" type="text"/> |
| Name | <input style="width: 100%; height: 40px;" type="text"/> |
| Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i> | <input style="width: 100%; height: 40px;" type="text"/> |
| PART 4 Details of Person Filing this Request for Grounds of Decision* | |
| <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> | |
| UEN/Company Code <i>(if applicable)</i> | <input style="width: 100%; height: 20px;" type="text"/> |

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| Name | <input type="text"/> |
| Address | <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 application. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 6.)</i></p> <p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></p> |
| | <p>Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p> <p>Line 3 <input type="text"/></p> |
| <p>Nationality or Country of Incorporation*</p> <p>State of Incorporation <i>(mandatory for USA corporations)</i></p> <p>Country of Residency <i>(mandatory for individuals)</i></p> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p> | <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> |
| PART 5 Hearing Information* | |
| <p>Date of Hearing* <i>(DD/MM/YYYY)</i></p> <p>Date of Registrar's Decision* <i>(DD/MM/YYYY)</i></p> | <p><input type="text"/></p> <p><input type="text"/></p> |

PART 6 Contact Details*

Note:

- a. 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.
- b. 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.
- c. 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.
- d. 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 | <input type="text"/> |
| Agent Name | <input type="text"/> |
| Representative or C/O Name | <input type="text"/> |
| Address for Service in Singapore | |
| Block/ House No. | <input type="text"/> |
| Street Name | <input type="text"/> |
| Level - Unit | <input type="text"/> - <input type="text"/> |
| Building Name | <input type="text"/> |
| Postal Code | <input type="text"/> |
| Contact Person <i>(if applicable)</i> | <input type="text"/> |
| Direct Telephone No. <i>(if applicable)</i> | <input type="text"/> |
| Email Address <i>(if applicable)</i> | <input type="text"/> |

PART 7 Attachments

Please attach any supporting documents.

| PART 8 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 style="width: 100%; height: 25px;" type="text"/> | | | | | | | | | | | | |
| Signature | <input style="width: 100%; height: 45px;" type="text"/> | | | | | | | | | | | | |
| Date <i>(DD/MM/YYYY)</i> | <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| No. of Extra Sheets Attached to this Form | <input style="width: 100px; height: 25px;" type="text"/> sheet(s) | | | | | | | | | | | | |