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CMO FORM 3

**APPLICATION FOR RECONSIDERATION**

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| *General Instructions** *This form is for CMOs or officers of CMOs who have received a notice of IPOS’s decision to take regulatory action (“****Notice****”) and who wish to apply to IPOS to reconsider that decision. This reconsideration application is meant to explain to IPOS why it should vary or set aside its decision.*
* *The submission of this form must be accompanied by a SGD 500 fee.*
* *This form should preferably be typewritten to assist in processing.*
* *All sections and fields in this form* ***must*** *be duly filled, unless otherwise specified below, and submitted within the time specified in the Notice. Incomplete and/or late submissions may be rejected.*
* *Please submit the completed form and fee on our e-services portal, IPOS Digital Hub.*
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**Section A: Details of Applicant**

*Please fill up this part if you are making an application as an officer of a Collective Management Organisation (“****CMO****”).*

Name of officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation of officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please fill up this part if you are making an application on behalf of a CMO.*

Name of CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual applying

on behalf of a CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please acknowledge and confirm the following:

* I am authorised to submit this application on behalf of the above-mentioned organisation.

**Section B: Details of Application**

Case reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Notice of IPOS’s decision

to take regulatory action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please state the whole or part of the decision which you are applying for reconsideration against.*

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| *Instructions** *This part provides you the opportunity to explain why IPOS should reconsider its decision to take regulatory action.*
* *You should present your case as completely as possible in this application, providing all relevant facts, evidence, and arguments below, including whether the regulatory action should be varied (if so, in what way) or set aside. You are encouraged not to simply repeat previous arguments.*
* *If you are relying on any information or documents that you did not submit in your earlier representations to IPOS, please explain why these information or documents were previously unavailable or could not have been discovered earlier.*
* *Please provide all relevant documents that support your application by attaching them to this form.*
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*Please explain why IPOS should reconsider its decision to take regulatory action.*

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| ***Please attach any relevant supporting documents in relation to your case:*** |

**Section C: Declaration**

Please acknowledge and confirm all of the following:

* I confirm that the information provided in this application is, to the best of my knowledge, true and accurate, and all the documents attached are authentic.
* I understand and acknowledge that IPOS may direct me to provide further information or documents, or to explain any matter relating to the regulatory action.
* I understand and acknowledge that IPOS may direct me to make a statutory declaration in support of this application, or to otherwise attest to the veracity of the information or documents provided.
* I understand and acknowledge that IPOS may confirm its original decision on a summary basis without considering the merits of this application if:
	+ I fail to make this application in accordance with the requirements of Part 4, Division 3 of the Copyright (Collective Management Organisations) Regulations 2023, such as non-compliance with the instructions on this form or a late submission;
	+ I fail to comply with IPOS’s directions to provide further information or documents, to explain a matter, or to make a statutory declaration in support of this application; or
	+ IPOS considers this application to be frivolous or vexatious.
* I understand and acknowledge that IPOS will inform me by written notice of its reconsidered decision.
* I understand and acknowledge that I may withdraw this application by writing to IPOS at any time before being informed of IPOS’s decision on this application, and it such a case, IPOS may, in its sole discretion, retain the whole or part of the SGD500 fee accompanying this application.
* I understand and accept that the information provided in this application may be used and disclosed by IPOS and/or other government agencies for investigations and follow-up purposes in accordance with the applicable laws.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_