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CMO FORM 4

**APPEAL TO MINISTER**

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| *General Instructions*   * *Under* ***Section 467*** *of the* ***Copyright Act 2021****, a person who is a Collective Management Organisation (CMO) or an officer of a CMO can appeal against the reconsidered decision made by IPOS.* ***Part 4 Division 4*** *of the* ***Copyright******(Collective Management Organisations) Regulations 2023*** *provides more information regarding appeals to the Minister for Law. Please read through the requirements in the Copyright Act 2021 as well as the Copyright (Collective Management Organisations) Regulations 2023 before proceeding with the appeal application.* * *All fields must be filled unless otherwise indicated.* * *The form below should preferably be typewritten to facilitate processing.* * *To submit the form, please attach the form and any other applicable documents to* [*MLAW\_CMO\_APPEAL@mlaw.gov.sg*](mailto:MLAW_CMO_APPEAL@mlaw.gov.sg)*. Incomplete and/or late applications may be rejected.* |

**Section A: Details of Appellant**

*Please fill up this part if you are appealing 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 appealing 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Details of Appeal**

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

Date of notice of IPOS’s reconsidered

decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of regulatory action issued: Financial Penalty / Regulatory Direction / Cessation Order

*Please provide the details of the regulatory action issued, such as the amount of the financial penalty, terms of the regulatory direction, or the nature of the cessation order (indefinitely or term).*

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*Please state the whole or part of the decision which you are appealing against.*

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| *Instructions*   * *This part provides you the opportunity to explain why the Minister should allow your appeal against IPOS’s reconsidered decision to take regulatory action.* * *You should present your case as completely as possible in this appeal, 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 or reconsideration application 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 appeal by attaching them to this form.* |

*Please explain why the Minister should allow your appeal against IPOS’s reconsidered decision to take regulatory action.*

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| Are there supporting documents for your appeal reason(s)? | : | Yes / No |
| Description of your supporting documents (if applicable)  *(please name your documents as described here and attach it in the email along with the form for the application)* | : | (1) |
|  |  | (2) |
|  |  | (3) |

**Payment fees**

|  |  |  |
| --- | --- | --- |
| Payment fee | : | S$800 |
| GST payable | : | NIL |
| Payment mode | : | Bank Transfer |

Further instructions on payment will be provided upon receipt of the form.

**Section C: Declaration**

I declare that:

* I am authorised to make an application for appeal on behalf of the CMO; and
* The above information submitted is true and accurate to the best of my knowledge, and all the documents attached are authentic.

I have read and understood the following:

* The application should be submitted within 21 days of IPOS’ reconsidered decision.
* The fee accompanying the application is non-refundable.
* The application will be processed when the completed form, along with all declared supporting documents and information have been received. Processing of the application may take some time and I will be informed of the decision in writing in due course.
* I may be asked to make a statutory declaration in support of the appeal.
* I may be asked to provide any information related to the appeal (except for information or document subjected to legal privilege).
* I may be asked to explain further on any matter relating to the regulatory action directed by IPOS.
* I may withdraw the appeal at any time before being informed of the appeal decision.
* A summary confirmation of the decision can happen if the appeal was not made in accordance with the applicable laws, information was not given when requested, a statutory declaration was not made when requested, or the application is considered to be frivolous or vexatious.
* The information provided in this application may be used and disclosed by the Ministry of Law and/or other government agencies for investigations and follow-up purposes in accordance with the applicable laws.

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

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

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