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

FORM CM7



Application to Register, Amend or Terminate Security Interest

Instructions:

- You will need the following information to complete the form:
 - Where the application relates to amendment/ termination of a security interest, the security reference no...
 - Signature by grantor (or their representative if so authorised) or a copy of the documentary evidence establishing the transaction.

<u>Estimated Time:</u> This form may take approximately 4 - 8 minutes to complete.

- General:
 a. * denotes mandatory field.
- b. This form may be used for a security interest between the same parties relating to one or more IP application or registration provided that the applicant/proprietors and the scope of the security interest are the same.
- Trade Marks: For an International Registration designating Singapore, please lodge Form MM19(E) directly with WIPO instead of using this form.
- d. Fee for this form is payable on a per IP number basis.
- If you are an agent acting on behalf of the person filing this form, please refer to sections 104 and 105 of the Patents Act and rule 90 of the Patents Rules.

PART 1 Reference	е
My Refere	nce
PART 2 Transacti	on Type*
Transaction Type* (Note: Cross one checkbox only. Separate forms should be	kbox
used for different transa	
	Security Interest Reference No.
	Termination (Please fill in Parts 3 - 4, 7 - 11)
	Security Interest Reference No.
PART 3 Application	on No.*
b. All the numbers listed	fers to Designs Number / Patent Application Number/ Trade Marks Number. below must belong to the same applicant/ proprietor indicated in Part 4. space, please use the continuation sheet CS 3.
Application N	No.*

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PART 4 Name of Applic	cant/ Proprietor*
	please use the continuation sheet CS 4.
UEN/ Entity Code (if applicable)	
Name	
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	
PART 5 Details of Gran	tor*
Note: If the grantor(s) is/are the ap insufficient space, please use the	plicant(s)/ proprietor(s) mentioned in part 4 above, this part is to be left empty. If there is continuation sheet in CS 1.
UEN/ Entity Code (if applicable)	
Name	
Address	Singapore Address Block No.
	Street Name
	Level No.
	Unit No.
	Building Name
	Additional Building Information
	Postal Code
	Foreign Address
	Line 1

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	Line 2	
	Line 3	
Country/Region of Incorporation or Citizenship*		
State of Incorporation (mandatory for USA corporations)		
Country/Region of Residency (mandatory for individuals)		
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)		
PART 6 Details of Gran	itee*	
Note: If there is insufficient space,	please use the continuation	on sheet in CS 1.
UEN/ Entity Code (if applicable)		
Name		
Address	Singapore Addres	S
	Block No.	
	Street Name	
	Level No.	
	Unit No.	
	Building Name	
	Postal Code	
	Additional Building Information	
	Foreign Address	
	Line 1	

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	Line 2
	Line 3
Country/Region of Incorporation or Citizenship*	
State of Incorporation (mandatory for USA corporations)	
Country/Region of Residency (mandatory for individuals)	
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	
PART 7 Details of Secu	rity Interest to be Registered, Amended or Terminated*
Details of Security Interest to be Registered, Amended or Terminated* (e.g. instrument under which security interest is derived, effective date, fixed charge or floating charge)	
PART 8 Contact Details	s*
Note: Please fill in your IPOS Digital Hul	Account Address
Entity Code	
Agent/Representative Name	
(if applicable)	
C/O Name	
(if applicable)	
	Address for Service in Singapore Block No.
	Street Name

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Level No.	
Unit No.	
Building Name	
Additional Building Information	
Postal Code	

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Contact Person (if applicable) Direct Telephone No. (if applicable) Email Address (if applicable) PART 9 Validation/Sup Validation/Supporting Documents* (Note:Cross only one checkbox)	This application is validated and signed by or on behalf of the grantor. (If this checkbox is selected, please fill in Part 10 of this form) A copy of the documentary evidence establishing the transaction is attached.
PART 10 Grantor's Sign Security Interes	nature for Authorisation to Register/ Amend/ Terminate a Grant of
Note: Fill in this part only if first ci	
Name	
Signature of Grantor (or his representative if so authorised)	
Official Capacity of Signatory	
Date (DD/MM/YYYY)	
PART 11 Declaration*	
Declaration	By Person Filing the Application
(** delete where necessary)	I do hereby declare that the information furnished on behalf of the grantor/grantee** 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 do hereby declare that :
	i. I have been duly authorised to act as an agent on behalf of the grantor/grantee**
	ii. The information furnished on behalf of the grantor/grantee** is true to the best of the person(s)' knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.
Name	

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Signature	
Date (DD/MM/YYYY)	
No. of Extra Sheets Attached to this Form	sheet(s)

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GST	GST INFORMATION
Details of Requestor	
Note: If the requestor(s) is/are the granto	or or grantee (as in Part 5 and 6 above), this part is to be left empty.
Name of Requestor (If the requestor is not the grantor or grantee (as in Part 5 or 6 of the form), please insert the name of the requestor)	
Local/Foreign Address (to incude block no, unit-level no., street name and postal code)	
Country/Region of Incorporation (mandatory for corporations)	
State of Incorporation (mandatory for USA corporations)	
Country/Region of Residency (mandatory for individuals)	
Tax Invoice*	
Note: Tax invoice will be issued to the er	ntity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim hority of Singapore (IRAS), subject to meeting the requirements under the GST Act.
Name (Tax invoice to be issued to)	The name of the requestor (as in Part 5 or 6 or "Name of Requestor" of this form) should be inserted in this field.

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