**GEOGRAPHICAL INDICATIONS ACT 2014**

GEOGRAPHICAL INDICATIONS RULES 2019

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| **FORM CM4** | **Application to Amend Application for Registration of Geographical Indication**  **Rectify Entry in Register**  **Correct Name or Other Particular of Applicant, Registrant or Other Party** |
| *Estimated time:*  *This form may take approximately 5 - 8 minutes to complete.*  *Notes:*   1. *This form is for*  * *amendment of application for registration of a gegoraphical indication. Please refer to section 47 of the Geographical Indications Act and rules 14, 18(1)(c) of the Geographical Indications Rules 2019;* * *rectification of an error or omission in the register. Please refer to section 22 of the Geographical Indications Act 2014 and rule 49 of the Geographical Indications Rules 2019, or* * *correction of name or other particular of applicant, registrant or other party or correction of clerical errors or obvious mistakes in an application (other than an application for registration of a geographical indication), notice or other document filed to the Registrar. Please refer to section 54 of the Geographical Indications Act 2014 and rules 18(1)(b) and 93 of the Geographical Indications Rules 2019.*  1. *The fee is payable on a per form basis. Any fee paid is not refundable.* 2. *\* denotes mandatory fields.* | |
| **PART 1** | **Reference** |
| **Your reference**  *(if any)* | |  | | --- | |  | |
| **IPOS reference**  *(if applicable)* | |  | | --- | |  | |

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| **PART 2** | **Nature of Change\*** |
| *Note:*  *Please submit a separate Form CM4 if the nature of change is different.* | |
| **Nature of Change**  *(Cross one box only)* | Amendment of an Application for Registration of a GI  *Please complete Part 3, 4, 5, 10, 11*  Rectification of an Error or Omission in the Register of any matter other than the name or other particular of a person (by Registrant)  *Please complete Part 3, 4, 5, 9, 10, 11*  Rectification of an Error or Omission in the Register of any matter other than the name or other particular of a person (by Party other than Registrant)  *Please complete Part 3, 4, 5, 8, 9, 10*  Correction of any other document relating to a GI  *Please complete Part 3, 4, 6, 6A, 6B, 8 (if applicable), 9, 10*  Correction of Form  *Please complete Part 3, 4, 6, 6A, 6B, 8 (if applicable), 9, 10*  Correction of Name, Address or other Particulars  *Please complete Part 3, 4, 7, 8 (if applicable), 9, 10* |
| **PART 3** | **Geographical Indication No.\*** |
| *Notes:*   1. *You may indicate more than one Geographical Indication No. if the nature of change is in relation to a correction of form and that form contained more than one Geographical Indication No.* 2. *All of the Geographical Indication No. indicated below must pertain to the same party indicated in Part 4.* 3. *Please use the continuation sheet CS3 if the fields below are insufficient.* | |
| **Geographical Indication No.** | |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  | |

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| **PART 4** | **Party filing this request\*** | |
| *Notes:*  *The request for correction may be filed only by the party (or his agent) who made the application or filed the notice or other document.* | | |
| **This request is filed by (or on behalf of)**  *(Cross one box only)* | Applicant / Registrant of the above geographical indication(s)  Other party who is not the Applicant / Registrant of the above geographical indication(s)  *Please state the party’s details below* | |
| **UEN /**  **Company Code**  *(if available)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
| **Name** | |  | | --- | |  | |
| **PART 5** | **Details of Amendment / Rectification** | |
| *Notes:*   1. *In respect of an application* *to amend an application for registration of geographical indication, please specify the nature of the amendment. Where the application for registration of geographical indication has been published, and the amendment affects the representation of the geographical indication or the goods covered, the amendment shall be published in the Geographical Indications Journal.* 2. *In respect of an application by the registrant to rectify an error or omission in the register, please state the error or omission that is to be rectified. Where the Registrar proposes to allow the rectification, the details entered in Part 5 shall be published in the Geographical Indications Journal.* 3. *If the space below is insufficient, please attach a document specifying the details of the correction to this form.* | | |
| **Details** | |  | | --- | |  | | |

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| **PART 6** | **Correction of any other document relating to a GI / Form** | | | |
| **Document or Form to be corrected**  *(Cross one box only)* |  | Application made using the following form: | | |
|  | Form | | *Please specify the number of the form, e.g. “*GI3*”* |
|  |  | Notice or other document filed to the Registrar | | |
|  | **Date filed** | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   *(DD/MM/YYYY)* | |
| **PART 6A** | **Details of correction** | | | |
| *Notes:*   1. *Please clearly identify the clerical error(s) or obvious mistake(s) made in the application, notice or other document as indicated in Part 6.* 2. *If the space below is insufficient, please attach a document specifying the details of the correction to this form.* | | | | |
| **Details** | |  | | --- | |  | | | | |

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| **PART 6B** | **Reasons for correction** | |
| *Notes:*   1. *Please state the reasons for the request for correction.* 2. *You may also provide evidence in support of the request (in Part 9) in order to satisfy the Registrar that there is a clerical error or an obvious mistake which should be corrected.* | | |
| **Reasons for correction** | |  | | --- | |  | | |
| **PART 7** | **Correction of Name, Address or other Particulars** | |
| *Note:*  *If the Registrar determines that the interests of any person may be affected by the proposed correction, the Registrar may publish the application and the nature of the proposed correction in the Geographical Indications Journal and in any other manner that the Registrar determines.* | | |
| **Correction Type** | *Cross one box only* | |
| |  | | --- | |  | | No change in legal entity / individual  ***Scenario where this option is selected:*** *To correct a typographical error in the name/address or particulars of the entity where entity in question remains unchanged.* |
| |  | | --- | |  | | Change in legal entity / individual  ***Scenario where this option is selected:*** *To correct the ownership of the IP e.g. where Entity B should have been the rightful owner instead of Entity A at the point in which an application to register for an IP was filed. Select ‘Change in legal entity/individual’ option if Entity A and Entity B are distinct entities. Please also provide supporting documents.* |
| **If “No change in legal entity / individual” is selected:**  *Cross one box only* | |
| |  | | --- | |  | | Change in Particulars in relation to Agent / Representative |
| |  | | --- | |  | | Change in Particulars in relation to Applicant / Proprietor / Other Interested Parties |

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| **Nature of Correction** | | |
| **Correction of name of the affected party**  **Correction of name of sole proprietor or partner**  *(where the affected party is a sole proprietorship or a partnership)* | |  | | --- | |  |  |  | | --- | |  | | |
| **Correction of address** | Singapore address | |
| Block / House No. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| Street Name | |  | | --- | |  | |
| Level - Unit | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | |
| Building Name | |  | | --- | |  | |
| Postal Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| Foreign address | |
| Line 1 | |  | | --- | |  | |
| Line 2 | |  | | --- | |  | |
| Line 3 | |  | | --- | |  | |
| **Correction of address of Singapore** | |  | | --- | |  | | This address for service is to be used for contact purposes in relation to this application. |
| Block / House No. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
| Street Name | |  | | --- | |  | |
| Level - Unit | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | |
| Building Name | |  | | --- | |  | |
| Postal Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Correction of other particulars**  *(please state the particulars to be corrected)* | |  | | --- | |  | | |
| **PART 8** | **Statement of ground(s) / Supporting documents** | |
| *Notes:*   1. *You must provide a statement of the ground(s) relied upon for the application to rectify an error or omission in the register. You may also provide additional evidence in support of your application.* 2. *If the party requesting for the rectification is not the registrant of the geographical indication, the party has to serve a copy of this application and the supporting documents on the registrant of the geographical indication at the same time those documents are filed with the Registrar. Otherwise, the request will not be taken as filed.* | | |
| |  | | --- | |  | | The statement of ground(s) / supporting document(s) is attached. | |
| |  | | --- | |  | | A copy of this application and the supporting documents will be served on the registrant of the geographical indication at the same time those documents are filed with the Registrar. | |
| **PART 9** | **Contact details\*** | |
| *Notes:*   1. *If an agent is appointed to act on behalf of the party filing this request (as indicated in Part 3), please indicate the agent’s Unique Entity Number (UEN) or Company Code (assigned by IPOS), agent’s name and agent’s address for service in Singapore.* 2. *If you have ticked the first checkbox in Part 4, the address for service indicated herein must be the same as the one for that application. Otherwise, please correct the address for service in that application in Part 5.* 3. *Official correspondence will be sent electronically via IPOS Digital Hub.* | | |
| **Representation Type** | ☐Self Representation  ☐Agent/Representative | |
| **Agent UEN / Company Code**  *(if available)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| **Agent Name** | |  | | --- | |  | | |
| **C/O Name**  *(if applicable)* | |  | | --- | |  | | |
| **Address for Service**  **in Singapore** | Block / House No. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
| Street Name | |  | | --- | |  | |
| Level - Unit | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | |
| Building Name | |  | | --- | |  | |
| Postal Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Name of Contact Person** | |  | | --- | |  | | |
| **Direct Telephone No.**  **in Singapore**  *(if available)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| **Email Address**  *(if available)* | |  | | --- | |  |   *By providing an email address, you consent that we may contact you by email in relation to this request. You can expect to receive payment instructions via email.* | |
| **PART 10** | **Formal Declaration\*** | |
| **Declaration** | **By party filing the form** | |
| I hereby declare that:  The information furnished above 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 / Representative** | |
| I hereby declare that:   1. I have been duly authorised to act as an agent, for the purpose of this application, on behalf of the party filing this form, and 2. The information furnished above on behalf of the party is true to the best of that party’s knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application. | |
| **Name of Declarant** | |  | | --- | |  | | |
| **Signature** | |  | | --- | |  | | |
| **Date**  *(DD/MM/YYYY)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |

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| **GST** | **GST INFORMATION** |
| **Tax invoice\*** | |
| *Notes:*  *Tax invoice will be issued to the entity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim input tax with Inland Revenue Authority of Singapore (IRAS), subject to meeting the requirements under the GST Act.* | |
| **Name**  (Tax invoice to be issued to) | *The name of the party filing the application (as indicated in Part 4 of this form) is to be specified in this field.* |