SINGAPORE PATENTS ACT (CHAPTER 221) PATENTS RULES

PATENTS FORM 35 Application for Revocation of Patent Pre-requisites: a. Please have a statement setting out fully the grounds of revocation, including the facts relied upon and the relief sought ready. Estimated Time: This form may take approximately 6 - 9 minutes to complete. General * denotes mandatory field. 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. If the declaration "A copy has been served on the other party at the same time" is not selected, the document will not be taken as filed. PART 1 Reference Applicant/ Agent Reference PART 2 **Application No.*** Application No.* Name of Proprietor of the Patent* PART 3 Note: If there is insufficient space, please use the continuation sheet in CS 4. **UEN/ Company Code** (if applicable) Name Sole Proprietor or Partners' Name (if sole proprietorship or partnership) PART 4 Details of Person Filing the Application for Revocation* Note: If there is insufficient space, please use the continuation sheet CS 5. **UEN/ Company Code** (if applicable) Name Address Singapore Address This Singapore address is to be used as the address for service for the purposes of this form. ($\underline{\textit{Note}}$: If this is crossed, it is not necessary to fill up the address for service in

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Singapore in part 5.)

	Block/ House No.	
	Street Name	
	Level - Unit	-
	Building Name	
	Postal Code	
	Foreign Address	
	Line 1	
	Line 2	
	Line 3	
Nationality or Country of Incorporation*		
State of Incorporation (mandatory for USA corporations)		
Country of Residency (mandatory for individuals)		
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)		
PART 5 Contact Details	S *	
Service in Singapore" should a "Representative or C/O Name b. The address for service in Sin service in Singapore.	be completed. Where ar " and "Address for Servi gapore need not be filled	Agent UEN/ Company Code", "Agent Name" and "Address for a individual or an agent without UEN is appointed, the sub-field ce in Singapore" should be completed instead. If the person's address in Part 4 is to be used as an address for lences will be sent to the address for service in Singapore as
Agent UEN/ Company Code		
Agent Name		
Representative or C/O Name		

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	Address for Service in Singapore
	Block/ House No.
	Street Name
	Level - Unit
	Building Name
	Postal Code
Contact Person (if applicable)	
Direct Telephone No. (if applicable)	
Email Address (if applicable)	
PART 6 Declaration*	
Declaration	By Person Filing the Form
	I, the undersigned, do 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.
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	I, the undersigned, do 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
	I, the undersigned, do 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 I, the undersigned, do hereby declare that: i. I have been duly authorised to act as an agent on behalf of the
	I, the undersigned, do 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 I, the undersigned, do hereby declare that: i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form. ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. I understand that I may be liable for criminal prosecution for
Name	I, the undersigned, do 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 I, the undersigned, do hereby declare that: i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form. ii. The information furnished above on behalf of the person(s) filing this form 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.

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

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GST	GST INFORMATION
Tax Invoice*	
Note:	
	ntity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim nority of Singapore (IRAS), subject to meeting the requirements under the GST Act.
	The name of the Person Filing the Application for Revocation (as in Part 4 of this form) should be inserted in this field.

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