

FORM CM5	Request for Extension of Time
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Estimated Time:
This form may take approximately 5- 9 minutes to complete.

- General:
- a. * denotes mandatory field.
 - b. The third or subsequent request for extension of time is subjected to approval and there will be no refund for unutilised periods of extension.

PART 1 Reference

Applicant/ Agent Reference	<input style="width: 95%; height: 25px;" type="text"/>
IPOS Reference	<input style="width: 95%; height: 25px;" type="text"/>

PART 2 Application No.*

- Note:
- a. Application number refers to Designs Number / Trade Marks Number.
 - b. International Registration No. and International Application No. are applicable to Trade Marks only.

Application No./ International Application No./ International Registration No.*	<input style="width: 95%; height: 25px;" type="text"/>
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PART 3 Name of Applicant/ Proprietor*

Note: If there is insufficient space, please use the continuation sheet in CS 4.

UEN/ Company Code <i>(if applicable)</i>	<input style="width: 95%; height: 25px;" type="text"/>
Name	<input style="width: 95%; height: 45px;" type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 95%; height: 45px;" type="text"/>

PART 4 Details of Person Filing the Request

Note: If the person(s) filing this request is/are the proprietor(s) mentioned in part 3 above, this part is to be left empty. Otherwise please ensure that this Part is also filled. If there is insufficient space, please use the continuation sheet CS 1.

UEN/ Company Code <i>(if applicable)</i>	<input style="width: 95%; height: 25px;" type="text"/>
Name	<input style="width: 95%; height: 45px;" type="text"/>

<p style="text-align: center;">Address</p>	<p style="text-align: center;">Singapore Address</p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purposes of this form. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 8.)</i></p> <p>Block/ House No. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
	<p style="text-align: center;">Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p> <p>Line 3 <input type="text"/></p>
<p>Nationality or Country of Incorporation*</p> <p>State of Incorporation <i>(mandatory for USA corporations)</i></p> <p>Country of Residency <i>(mandatory for individuals)</i></p> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>PART 5 Extension of Time in Relation To*</p>	
<p><i>Note: (i) In relation to Renewal/ Late Renewal/ Restoration of registration, the request for extension of time is strictly for responding to the Registrar's queries or objections and not for seeking for time to lodge the form.</i></p>	
<p>Extension of Time in Relation to <i>(Note: Cross only one checkbox)</i></p>	<p><input type="checkbox"/> Examination</p> <p><input type="checkbox"/> Transfer of Ownership</p> <p><input type="checkbox"/> Amendment of application or registration (excluding change of name or address or mailing address)</p>

	<input type="checkbox"/> Reinstatement of rights <input type="checkbox"/> Renewal or late renewal or restoration of registration <input type="checkbox"/> Registration/ Amendment/ Cancellation of Licence <input type="checkbox"/> Registration/ Amendment/ Cancellation of Security Interest <input type="checkbox"/> Cancellation of Registered Mark or Surrender of Designs <input type="checkbox"/> Others <i>(Please state the specific transaction)</i> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>												
<p style="text-align: center;">Deadline Given to Respond to Registrar <i>(DD/MM/YYYY)</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> </tr> </table>												
<p>PART 6 Nature of Request*</p>													
<p style="text-align: center;">Nature of Request* <i>(Note: Cross one checkbox only. There will be no refund for unutilised periods of extension.)</i></p>	<input type="checkbox"/> First/ Second Request for extension of time <hr/> <input type="checkbox"/> Third or Subsequent Request for extension of time												
<p>PART 7 Reason for Extension of Time Sought (for Third or Subsequent Request only)</p>													
<p style="text-align: center;">Reason for Request <i>(Note: Please cross the appropriate checkbox or checkboxes)</i></p>	<input type="checkbox"/> Obtaining the consent of the proprietor of a relevant earlier trade mark <i>(for Trade Marks only)</i> <input type="checkbox"/> Obtaining/ recording an assignment of a relevant earlier trade mark <i>(for Trade Marks only)</i> <input type="checkbox"/> Disposing of invalidation or revocation proceedings which have been issued against an earlier trade mark <i>(for Trade Marks only)</i> <input type="checkbox"/> Executing a Statutory Declaration or compiling evidence of use to overcome Registrar's objections <i>(for Trade Marks only)</i> <input type="checkbox"/> Executing a worldwide agreement or in a negotiation with a third party <i>(for Trade Marks only)</i> <input type="checkbox"/> Others. Please state the reasons below: <i>(Note: If there is insufficient space, please attach in a separate sheet)</i> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div>												

PART 8 Contact Details***Note:**

- a. Where an agent with UEN is appointed, the fields for "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. Where an individual or an agent without UEN is appointed, the sub-field "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead.
- b. The address for service in Singapore need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.
- c. The official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.
- d. Please also file Form CM1 if you are a different agent on record or e-file Form CM2 if you have changed your address for service in Singapore.

Agent UEN/ Company Code	<input type="text"/>
Agent Name	<input type="text"/>
Representative or C/O Name	<input type="text"/>
	Address for Service in Singapore
Block/ House No.	<input type="text"/>
Street Name	<input type="text"/>
Level - Unit	<input type="text"/> - <input type="text"/>
Building Name	<input type="text"/>
Postal Code	<input type="text"/>
Contact Person <i>(if applicable)</i>	<input type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<input type="text"/>
Email Address <i>(if applicable)</i>	<input type="text"/>

GST	GST INFORMATION
Tax Invoice	
<p><i>Note:</i> 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.</p>	
<p>Name (Tax invoice to be issued to)</p>	<p>The name of the requestor (as in Part 4 of this form) should be inserted in this field. If Part 4 is left empty, please insert the name of the applicant (as in Part 3 of this form).</p> <div data-bbox="544 629 1358 745" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>