

<b>FORM CM5</b>		<b>Request for Extension of Time</b>																					
<i>Estimated Time:</i> This form may take approximately 5- 9 minutes to complete.																							
<i>General:</i> 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.																							
<b>PART 1    Reference</b>																							
Applicant/ Agent Reference		<input type="text"/>																					
IPOS Reference		<input type="text"/>																					
<b>PART 2    Application No.*</b>																							
<i>Note:</i> 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.*		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
<b>PART 3    Name of Applicant/ Proprietor*</b>																							
<i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i>																							
UEN/ Company Code (if applicable)		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Name		<input type="text"/>																					
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)		<input type="text"/>																					
<b>PART 4    Details of Person Filing the Request</b>																							
<i>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.</i>																							
UEN/ Company Code (if applicable)		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Name		<input type="text"/>																					

Address	<p><b>Singapore Address</b></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"/></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"/><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><b>Foreign Address</b></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><b>PART 5 Extension of Time in Relation To*</b></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; margin-top: 5px;"></div>
Deadline Given to Respond to Registrar <i>(DD/MM/YYYY)</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; text-align: center;">/</div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; text-align: center;">/</div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div>
<b>PART 6 Nature of Request*</b>	
Nature of Request* <i>(Note: Cross one checkbox only. There will be no refund for unutilised periods of extension.)</i>	<input type="checkbox"/> First/ Second Request for extension of time
	<input type="checkbox"/> Third or Subsequent Request for extension of time
<b>PART 7 Reason for Extension of Time Sought (for Third or Subsequent Request only)</b>	
Reason for Request <i>(Note: Please cross the appropriate checkbox or checkboxes)</i>	<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: 70px; margin-top: 5px;"></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"/> <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"/>
Agent Name	<input type="text"/>
Representative or C/O Name	<input type="text"/>
	<b>Address for Service in Singapore</b>  Block/ House No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Street Name <input type="text"/>  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"/>  Building Name <input type="text"/>  Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Person (if applicable)	<input type="text"/>
Direct Telephone No. (if applicable)	<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"/>
Email Address (if applicable)	<input type="text"/>

PART 9 Declaration*											
Declaration	<p><b><u>By Person Filing the Form</u></b></p> <p>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.</p> <p><b><u>By Agent</u></b></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>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.</p>										
Name	<input type="text"/>										
Signature	<input type="text"/>										
Date (DD/MM/YYYY)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)										

GST	GST INFORMATION
<b>Tax Invoice</b>	
<p><u>Note:</u></p> <p><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.</i></p>	
<p><b>Name</b> (Tax invoice to be issued to)</p>	<p><i>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).</i></p> <div data-bbox="545 631 1359 745"></div>