

Fee for PVP 9: SG\$20.00

Date of Receipt

Number of extra
sheets attached to this
form**SINGAPORE****PLANT VARIETIES PROTECTION ACT 2004****PLANT VARIETIES PROTECTION RULES 2004****FORM PVP 9****REQUEST FOR EXAMINATION BY LOCAL PRESCRIBED
EXAMINATION AUTHORITY UNDER SECTION 17 OF THE ACT***This form will take about 3-4 minutes to complete.***PART 1** Your reference**PART 2** PVP No.**PART 3** Particulars of applicant for grant of protection

Name

Address

PART 4 Address for service

Name

Address

Telephone

Fax

Signature _____

Date Month Year

Name _____

(in block letters)

Official capacity of signatory

General Instructions

- a. *This form should preferably be typewritten to assist in processing.*
- b. *A separate form should be used for each application for grant.*
- c. *This form when completed should be filed with the prescribed fee.*
- d. *If there is not enough space to fill in any part of this form, please use separate sheets.*
- e. *Please note that the address for service must be an address in Singapore. Your attention is drawn to rule 9 of the Plant Varieties Protection Rules 2004.*
- f. *Once you have filled in the form, please remember to sign and date it.*

GST	GST INFORMATION
Tax Invoice*	
<u>Note:</u> <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>	
Name (Tax invoice to be issued to)	<p><i>The name of the Applicant (as in PART 3 of this form) is to be indicated in this field.</i></p> <div data-bbox="558 422 1364 537"></div>