SINGAPORE TRADE MARKS ACT / PATENTS ACT / REGISTERED DESIGNS ACT
(CHAPTER 332 / 221 / 266)
TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES

FORM CM4

1004

Request for Correction of Errors

Pre-requisites:

a. Where the correction relates to specification of a patent or an application for a patent, the page(s) of specification with proposed correction is to be attached to this form for submission.

b. To provide supporting document to justify the correction.

Estimated Time:

This form may take approximately 2 - 7 minutes to complete.

General:

*a. * denotes mandatory field.*

b. If you are not the agent on record for the form to be corrected, please file CM1.

c. Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).

d. This form is not applicable to correct errors made in all hearings and mediation related matters and all WIPO forms.

e. The fees payable is based on per IP application number

f. For Patents, 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.

g. Please note that any fee paid is not refundable.

PART 1 Reference

Applicant/ Agent Reference	DSG/GK/maz/PAT/8203422/SG
IPOS Reference *(if applicable)*	

PART 2 Application No.*

Note:

a. Application number refers to Designs Number / Patent Application Number/ Trade Marks Number.

b. International Registration No. and International Application No. are applicable to Trade Marks only.

c. All the numbers listed below must belong to the same applicant/ proprietor indicated in Part 3.

d. If there is insufficient space, please use the continuation sheet CS 3.

Application No./ International Application No./ International Registration No.*	**Application No.** 1120140862 6Y ANTIBODIES TO TAU

PART 3 Name of Applicant/ Proprietor*

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

1 **UEN/ Company Code** E00287125A

Name WASHINGTON UNIVERSITY

Sole Proprietor or Partner Name

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. If there is insufficient space, please use the continuation sheet CS 1.

PART 5 Correction Type*

Correction Type* *(Note: Cross one checkbox only)*	☐	Correction of Document Lodged Form No. Form Lodgement Date *(DD/MM/YYYY)*
	☒	Specification of a Patent or of an Application for a Patent
	☐	Documents other than Form or Specification of a Patent or of an Application for a Patent
	☐	Correction of Register of Patents

PART 6 Details of Correction*

Note: For Trade Marks, please state the affected class if the correction does not apply to all classes in the application. For Patents, where the request for correction relates to a specification, please indicate the page number and the document of the replacement text/figure and the text/figure to be replaced. Please also explain why the correction sought is obvious in the sense that it is immediately evident that nothing else would have been intended than what is offered as the correction.

Details of Correction*	1. A copy of replacement sheets for description (pgs 26 and 63) with deleted text struck through; 2. A copy of replacement sheets for description (pgs 26 and 63) with amendments marked with a vertical line

For Correction of Specification of a Patent or of an Application for a Patent		
Correction of Description with Claims		sheet(s)
Correction of Description without Claims	4	sheet(s)
Correction of Claims only		sheet(s)
Correction of Drawings		sheet(s)

PART 7 Reasons for Correction*

Reasons for Correction* *(please provide supporting documents, if applicable)*	Please see the attached cover letter.

PART 8 Contact Details*

Note:

a. *Where an agent with UEN is appointed, the fields for "UEN", "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 email address and telephone number provided are for contact purposes in case of query.*
d. *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.*
e. *Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore..*

Agent UEN/ Company Code	200102509E
Agent Name	DREW & NAPIER LLC
Representative or C/O Name	
	Address for Service in Singapore
	Block/ House No. 10

	Street Name	COLLYER QUAY
	Level - Unit	10-01
	Building Name	OCEAN FINANCIAL CENTRE
	Postal Code	049315
Contact Person		
Direct Telephone No.		
Email Address		

PART 9 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. **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.
Name	DREW & NAPIER LLC
Signature	
Date *(DD/MM/YYYY)*	03/07/2015
No. of Extra Sheets Attached to this Form	4 sheet(s)