

FORM 1

REPUBLIC OF SINGAPORE HEALTH SCIENCES AUTHORITY HEALTH PRODUCTS (THERAPEUTIC PRODUCTS) REGULATIONS 2016	
DECLARATION ON PATENT RELATED INFORMATION FOR APPLICATION FOR REGISTRATION OF A THERAPEUTIC PRODUCT UNDER THE HEALTH PRODUCTS ACT 2007	
<b>Application No</b> (for HSA use only):	
SECTION 1: APPLICANT PARTICULARS	
Company Name	
Company Address	
SECTION 2: PRODUCT PARTICULARS	
Proprietary Name	
Active Substance(s) and Strength	
Dosage Form	
SECTION 3: APPLICATION CATEGORY	
Application Category ( <i>check one box</i> )	
<input type="checkbox"/>	Category A1 (Proceed to Section 4) Refers to an application where no restraining patent <sup>1</sup> is in force in respect of the therapeutic product to which the application relates.
<input type="checkbox"/>	Category A2 (Proceed to Section 5) Refers to an application where — (a) a restraining patent is in force in respect of the therapeutic product to which the application relates; and (b) the applicant is either the proprietor of the restraining patent or, if the applicant is not the proprietor of the restraining patent, the proprietor has consented to or acquiesced in the grant of the registration.
<input type="checkbox"/>	Category A3 (Proceed to Section 6) Refers to an application where — (a) a restraining patent is in force in respect of the therapeutic product to which the application relates; (b) the applicant is not the proprietor of the restraining patent; (c) the proprietor has not consented to nor acquiesced in the grant of the registration; and (d) the applicant is requesting for registration to be granted after the restraining patent expires.  A Category A3 declaration is applicable only to an application that is made within 18 months of the expiry of the restraining patent from the point of application submission. Such an application may not be made earlier than 18 months before the restraining patent expires.
<input type="checkbox"/>	Category B (Proceed to Section 7) Refers to an application where — (a) a restraining patent is in force in respect of the therapeutic product to which the

	<p>application relates;</p> <p>(b) the applicant is not the proprietor of the restraining patent;</p> <p>(c) the proprietor has not consented to nor acquiesced in the grant of the registration; and</p> <p>(d) in the opinion and to the best belief of the applicant, the restraining patent is invalid or will not be infringed by the doing of the act for which the registration is sought.</p>
<b>SECTION 4: INFORMATION FOR CATEGORY A1 APPLICATIONS</b>	
I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that —	
<input type="checkbox"/>	There is no patent in force under the Patents Act 1994 which relates to a restraining patent in respect of the product stated in Section 2 on the date of this declaration.
<b>SECTION 5: INFORMATION FOR CATEGORY A2 APPLICATIONS</b>	
I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that — <i>(check one box)</i>	
<input type="checkbox"/>	<p>(a) A patent is in force under the Patents Act which relates to a restraining patent in respect of the product stated in Section 2 on the date of this declaration.</p> <p>(b) I am the proprietor of the restraining patent.</p> <p>(c) The Singapore Patent No. for the restraining patent is</p>
<input type="checkbox"/>	<p>(a) A patent is in force under the Patents Act which relates to a restraining patent in respect of the product stated in Section 2 on the date of this declaration.</p> <p>(b) I am not the proprietor of the restraining patent but the proprietor has consented to or acquiesced in the grant of the registration for the product stated in Section 2 to me.</p> <p>(c) The name and address of the proprietor of the restraining patent or his authorised agent are</p> <p>(d) The Singapore Patent No. for the restraining patent is</p>
<b>SECTION 6: INFORMATION FOR CATEGORY A3 APPLICATIONS</b>	
I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that —	
<input type="checkbox"/>	<p>(a) A patent is in force under the Patents Act which relates to a restraining patent in respect of the product stated in Section 2 on the date of this declaration.</p> <p>(b) I am not the proprietor of the restraining patent and the proprietor has not consented to nor acquiesced in the grant of the registration for the product stated in Section 2 to me.</p> <p>(c) I am requesting for the grant of the registration after the restraining patent expires.</p> <p>(d) I am making the application not earlier than 18 months before the expiry of the restraining patent from the point of application submission.</p> <p>(e) The name and address of the proprietor of the restraining patent or his authorised agent are</p> <p>(f) The Singapore Patent No. for the restraining patent is</p> <p>(g) The restraining patent will expire on (dd/mm/yyyy), which is months from the date of my registration application.</p>

SECTION 7: INFORMATION FOR CATEGORY B APPLICATIONS

I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that —

- ☐ (a) A patent is in force under the Patents Act which relates to a restraining patent in respect of the product stated in Section 2 on the date of this declaration.
- (b) I am not the proprietor of the restraining patent and the proprietor has not consented to nor acquiesced in the grant of the registration for the product stated in Section 2 to me.
- (c) In my opinion and to my best belief, the restraining patent is invalid or will not be infringed by the doing of the act for which the registration is sought.
- (d) The name and address of the proprietor of the restraining patent or his authorised agent are
- (e) The Singapore Patent No. for the restraining patent is
- (f) The restraining patent will expire on (dd/mm/yyyy).

SECTION 8: DECLARATION

- I am duly authorised by the applicant to make this declaration on behalf of the applicant, and enclose with this declaration form evidence of such authorisation<sup>2</sup>.
- I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that all information furnished in this form is true.
- I am aware that the Health Sciences Authority may rely on, and need not be concerned to enquire into the truth of, any statement made in this declaration form.
- I am aware that a false declaration is an offence under regulation 25 of the Health Products (Therapeutic Products) Regulations 2016.
- I further undertake to notify the Health Sciences Authority of any change in the information furnished in this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name, designation

\_\_\_\_\_  
Date

<sup>1</sup> A “restraining patent” refers to a patent mentioned in regulation 23(1)(a) of the Health Products (Therapeutic Products) Regulations 2016.

<sup>2</sup> Please enclose appropriate evidence of authorisation. Delete this statement if applicant is a natural person making the application personally.