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										
Application No (for HSA use only):										
SECTION 1: APPLICANT PARTICULARS										
Com	pany Nan	ne								
Company Address										
	SECTION 2: PRODUCT PARTICULARS									
Prop	rietary Na	ıme								
Activ	/e Substai	nce(s) and	Strength							
Dos	age Form									
			SECTION 3:	APPLICATION CATEGORY						
Appl	ication Ca	tegory (ch	eck one box)							
	Category	/ A1 (Proce	eed to Section 4)							
	Refers to an application where no restraining patent ¹ is in force in respect of the therapeutic product to which the application relates.									
	Category	/ A2 (Proce	eed to Section 5)							
			ation 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.									
	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;									
	(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.									
	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									

	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) in the opinion and to the best belief of the applicant, the restraining patent is invalid on not be infringed by the doing of the act for which the registration is sought.											
	SECTION 4: INFORMATION FOR CATEGORY A1 APPLICATIONS											
I, the	the applicant/the authorised agent of the applicant on behalf of the applicant, declare that —											
	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.											
	SECTION 5: INFORMATION FOR CATEGORY A2 APPLICATIONS											
	I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that — <i>(check one box)</i>											
	(a) A patent is in force under the Patents Act which relates to a restraining patent in resper											
	(b)	I am the proprietor of the restraining patent.										
	(c)	The Singapore Patent No. for the restraining patent is										
	(a) A patent is in force under the Patents Act which relates to a restraining patent product stated in Section 2 on the date of this declaration.											
	(<i>b</i>)	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.										
	(c) The name and address of the proprietor of the restraining patent or his authorised agent are											
	` ,											
	(<i>d</i>)	The Singapore Patent No. for the restraining patent is										
		SECTION 6: INFORMATION FOR CATEGORY A3 APPLICATIONS										
I, the	appl	icant/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.										
	(<i>b</i>)	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)	I am requesting for the grant of the registration after the restraining patent expires.										
	(d) I am making the application not earlier than 18 months before the expiry of the restrainin patent from the point of application submission.											
	(e) The name and address of the proprietor of the restraining patent or his authorised agent											
	` '											
	(f) The Singapore Patent No. for the restraining patent is											
	(<i>g</i>)	The restraining patent will expire on (dd/mm/yyyy), which is months from the date of my registration application										

SECTION 7: INFORMATION FOR CATEGORY B APPLICATIONS											
I, th	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 infring 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										
	(<i>e</i>)	The Singapore Paten	t No. for the restraining	patent is							
	(<i>f</i>)	The restraining paten	t will expire on	(dd/mm/yyyy).							
	SECTION 8: DECLARATION										
1.	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 ² .										
2.	I, the applicant/the authorised agent of the applicant on behalf of the applicant, declare that all information furnished in this form is true.										
3.	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.										
4.	I am aware that a false declaration is an offence under regulation 25 of the Health Products (Therapeutic Products) Regulations 2016.										
5.	I further undertake to notify the Health Sciences Authority of any change in the information furnished in this form.										
Signature			Name, designation		Date						
¹ A "restraining patent" refers to a patent mentioned in regulation 23(1)(a) of the Health Products (Therapeutic Products) Regulations 2016.											
	² Please enclose appropriate evidence of authorisation. Delete this statement if applicant is a natural person making the application personally.										