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Complete this form to request authorisation to link your account to an existing client.

**To the Commissioner of Patents, Trade Marks, Designs and Plant Variety Rights:**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your phone number: \_\_\_\_\_

**Authorisation declaration:**

I, \_\_\_\_\_  
(Your full name)

\_\_\_\_\_  
(Position within the organisation where applicable)

of \_\_\_\_\_  
(Organisation's name where applicable)

am legally authorised to undertake anything that must be done by or to a person under the Trade Marks Act 2002, Designs Act 1953, Patents Act 1953 and Plant Variety Rights Act 1987, in relation to trade marks, designs, patents or plant variety rights in the name of:

1. \_\_\_\_\_  
(Client ID) (Individual or organisation's name)

2. \_\_\_\_\_  
(Client ID) (Individual or organisation's name)

3. \_\_\_\_\_  
(Client ID) (Individual or organisation's name)

If you need to note more records please attach a separate sheet.

**The information provided is true and correct. (Tick the box)**

☐

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: (day) (month) (year)

Submit your request by uploading a scanned copy of your complete form and evidence online when you create your Profile or select Maintain Client  
[www.iponz.govt.nz/online-services](http://www.iponz.govt.nz/online-services).

[WWW.IPONZ.GOV.T.NZ](http://WWW.IPONZ.GOV.T.NZ)

**FOR ASSISTANCE COMPLETING THIS FORM PLEASE CALL 0508 4 IPONZ (0508 447 669)**