

Authorization of Agent

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Design Number(s) <i>(If known)</i>	Current Owner

I (or We), have appointed *(Name of agent)* _____
 of *(Address of agent)* _____

to act as my (or our) agent for *(State the particular purpose for which the agent is appointed)*

and request that all notices, requisitions, and communications relating there to may be sent to that agent at the above address. I (or We) revoke all previous authorization, if any.

I (or We) hereby declare that I am (or We are) a *(State nationality)*

Presenter Details:

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

Signed by:

 Name of owner/authorised person

 Signature of owner/authorised person

Dated this _____ of _____
 (day) (month) (year)

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By post to PO Box 9241
 Marion Square
 Wellington 6141
 New Zealand

By courier to 205 Victoria Street
 Wellington
 New Zealand

