

## AUTHORISATION OF AGENT

SAVE TIME AND POSTAGE – submit your completed form through our online correspondence service [www.iponz.govt.nz/online-services](http://www.iponz.govt.nz/online-services)

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

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