

REQUEST TO RESTORE ABANDONED DESIGN APPLICATION

SAVE TIME AND POSTAGE – submit your completed form through our online correspondence service www.iponz.govt.nz/online-services

(To be accompanied by evidence verifying the statements made in this application)

Design Application Number(s)	Current Owner

I (or We), *(State name and address)* _____

hereby apply for an order of the Commissioner restoring the application and extending the period for complying with the requirements under the Designs Act 1953 to a date to be specified in the order

The circumstances which led to the failure to comply with the requirements imposed on me (or us) under that Act are as follows: *(The circumstances must be stated in detail)*

Communications should be sent to _____

at *(Address must be within New Zealand)* _____

who is (or are) hereby appointed to act for me (or us).

Presenter Details: *(if different from the applicant information)*

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

Signed by:

Name of authorised person

Signature of authorised person

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

Return your completed form through our online correspondence service
www.iponz.govt.nz/online-services.

WWW.IPONZ.GOV.NZ

See our [website](#) for other options.

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