

REQUEST TO RESTORE LAPSED DESIGN REGISTRATION

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 the application)

Design Number(s)	Current Owner

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

hereby apply for an order for the restoration of design No _____

The circumstances which led to the failure to pay the fee to extend the copyright in the design on or before the *(State date when fee was due)*

(Day) _____ *(Month)* _____ *(Year)* _____

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 applicant person

Signature of applicant person

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

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WWW.IPONZ.GOVZ.NZ

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

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