

CONVENTION APPLICATION FOR REGISTRATION OF DESIGN

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Please note: - Representations of the design should accompany this form, and except in the case of an application in respect of wallpaper or lace or any textile article, it should further be accompanied by a statement of the features of the design for which novelty is claimed

Application is hereby made for registration of the accompanying design in the name of *(State full name, address and nationality of the applicant(s))* _____

who claim(s) to the proprietor(s) thereof. *(If the applicant is not the person who made the application in the convention country the words "by virtue of", followed by particulars of the instrument under which he claims, should be inserted here)*

The design is to be applied to *(State the article to which the design is to be applied as shown in the representations)*

The design has been previously registered for one or more other articles under No: *(Delete if inapplicable)*

The design consists of the design previously registered under No: _____ with modifications or variations not sufficient to alter the character, or substantially to affect the identity thereof. *(Delete if inapplicable)*

Application for protection of the design has been made in *(Insert the name of the convention country in which the first application was made)* _____

on the following official date, namely, *(Insert the official date of the first application in a convention country)*

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

That application is the first application made in a convention country in respect of the design, whether by the applicant(s) or by any person of whom he (they) claim(s) to be the legal representative (s) or assignee(s), and I (we) request that the design may be registered as of the date *(Insert the official date of the first application in a convention country)*

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

My (or Our) address for service in New Zealand is *(this must be a New Zealand address)*

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

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

Signed by:_____
Name of owner/authorised person_____
Signature of owner/authorised personDated this _____ of _____
(day) (month) (year)**Payment:**

The fee for filing this application is:

Fee	+ G.S.T <i>(where applicable)</i>	= Total Fee \$NZD
\$100.00	\$15.00	

Submit your application online and pay by MED account or credit card. See our [website](#) for other payment methods.Return your completed form through our online correspondence service
www.iponz.govt.nz/online-services.

WWW.IPONZ.GOVZ.NZ

See our [website](#) for other options.**FOR ASSISTANCE COMPLETING THIS FORM PLEASE CALL 0508 4 IPONZ (0508 447 669)**