

APPLICATION BY REGISTERED PROPRIETOR OF DESIGN TO CANCEL REGISTRATION

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

Design Number(s)	Current Owner

Name of Registered Proprietor: _____

Address: _____

I (or We), the undersigned _____

of _____

apply that the registration of the design No. _____ may be cancelled.

Presenter Details: *(if different from above)*

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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