

## Application Under Section 41 for Leave to Dispense with Production of Probate or Letters of Administration

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Design Number(s)	Current Owner

I (or We), *(State full name, address, occupation and nationality)*

hereby apply for leave to dispense with the production of probate of the will (or letters of administration in the estate) of *(State full name of deceased)*

deceased (hereinafter referred to as the deceased), who was the *(Applicant, or registered proprietor)*

of the design entitled *(State title or description of design)*

the subject of application No. \_\_\_\_\_ in New Zealand.

The circumstances in and the grounds upon which this application is made are as follows:

1. The deceased died testate (or intestate) at \_\_\_\_\_ on the  
*(Day)* \_\_\_\_\_ *(Month)* \_\_\_\_\_ *(Year)* \_\_\_\_\_  
and at his death was domiciled in *(State country of domicile)*
  
2. I am entitled to obtain probate of the will of the deceased (or letters of administration in the deceased's estate).

Or,--

I am the legal representative of the deceased in the country of his domicile by virtue of probate (or letters of administration) granted to me by *(State country of domicile)*

\_\_\_\_\_ at \_\_\_\_\_ on the  
*(Day)* \_\_\_\_\_ *(Month)* \_\_\_\_\_ *(Year)* \_\_\_\_\_

3. Probate of the will of the deceased has (or letters of administration in the deceased's estate have) not been granted or resealed in New Zealand.
4. No duty is payable in New Zealand in the estate of the deceased, as is evidenced by the certificate by the Commissioner of Inland Revenue annexed hereto.

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5. The interests of the creditors of the deceased and of all persons beneficially interested under his will or in his estate will be adequately safeguarded in the manner following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communications should be sent to \_\_\_\_\_

at *(The 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:** *(To be signed by all persons making the application)*

\_\_\_\_\_  
Name of owner/authorised person

\_\_\_\_\_  
Signature of owner/authorised person

Dated this \_\_\_\_\_ of \_\_\_\_\_  
(day) (month) (year)

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