

# APPLICATION FOR FURTHER CERTIFICATE OF REGISTRATION OF DESIGN

SAVE TIME AND POSTAGE – submit your completed form through our online correspondence service [www.iponz.govt.nz/online-services](http://www.iponz.govt.nz/online-services)

**Note: - A representation of the registered design must accompany this form.**

| Design Number(s) | Current Owner |
|------------------|---------------|
|                  |               |

I (or We), have to inform you that the Certificate of Registration of design No. \_\_\_\_\_  
has been *(State whether "lost" or "destroyed" or "cannot be produced", as the case may be, and state in full the  
circumstances of the case which must be verified by statutory declaration or affidavit)*

---

---

---

---

---

I (or We) therefore apply for the issue of a further certificate *(State interest possessed by applicant in the design)*

---

---

---

---

---

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

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your reference \_\_\_\_\_

**Payment:**

The fee for filing this application is: (select the relevant fee)

| Fee     | + G.S.T ( <i>where applicable</i> ) | = Total Fee <b>\$NZD</b> |
|---------|-------------------------------------|--------------------------|
| \$30.00 | \$4.50                              |                          |

Submit your complete form as a file online and pay by MED account or credit card. See our [website](#) for other payment methods.

**Signed by:**

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

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

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

Return your completed form through our online correspondence service  
[www.iponz.govt.nz/online-services](http://www.iponz.govt.nz/online-services).

WWW.IPONZ.GOV.T.NZ

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

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