

**NOTICE THAT THE HEARING OF APPLICATION FOR CANCELLATION
OF REGISTRATION OF A DESIGN OR FOR THE GRANT OF A
COMPULSORY LICENSE WILL BE ATTENDED**

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

Design Number(s)	Current Owner

I (or We) _____
of _____

hereby give notice that the hearing in reference to the application to cancel the registration (or for the grant of a compulsory license in respect) of design No. _____ will be attended by myself (or ourselves) or by some person on my (or our) behalf.

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)

Return your completed form through our online correspondence service
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)