

Application for Cancellation of Registration Under Section 15 (2)

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 apply for cancellation of the registration of design No. _____
on the ground that *(State ground(s) on which cancellation is requested)* _____

My address for service in New Zealand is _____

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

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____



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Signed by:

Name of owner/authorised person

Signature owner/authorised person

Dated this _____ of _____
(day) (month) (year)

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By post to PO Box 9241
Marion Square
Wellington 6141
New Zealand

By courier to 205 Victoria Street
Wellington
New Zealand