

# Application for Extension of Time

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)

Design Number(s)	Current Owner

I (or We), have appointed *(State name and address)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

hereby apply for an extension of the time for *(State matter in respect of which the extension is sought)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

in respect of application No \_\_\_\_\_

The circumstances in and grounds upon which this application is made are as follows: *(The circumstances and grounds must be stated in detail)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Communications should be sent to *(State name and address. Note the address must be in New Zealand)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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:**

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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