

APPLICATION FOR EXTENSION OF TIME

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), have appointed *(State name and address)*_____

hereby apply for an extension of 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)*

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)

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WWW.IPONZ.GOVZ.NZ

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

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