

Request for Entry into National Phase

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PATENT CO-OPERATION TREATY

New Zealand Application Number *(if known)*

In the matter of PCT International Application number

filed on *(Day)* _____ *(Month)* _____ *(Year)* _____

Indicate Chapter 1 or Chapter 2 _____

1. I (or We), *(State full name and street address of applicant(s) in New Zealand – please indicate former name where there has been a change of name).*

request entry of the PCT International Application into National Phase in New Zealand.

2. *(Note: delete inappropriate option(a) or (b))*
 (a) I/We are the applicant(s) for the PCT International Application.

OR

(b) I am/We are the assignee(s) of *(State full name of applicant(s) for the PCT International Application)*

(Note: Where the applicant for entry into national phase in New Zealand differs from the applicant for the corresponding PCT international application and this change of name has not been recorded at the International Bureau under Rule 92, the New Zealand applicant should apply to the Intellectual Property Office of New Zealand to record the change of name or substitution of applicant and pay the appropriate fee)

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3. I (or We) declare that the true and first inventor(s) of the invention disclosed in the complete specification filed with the present application is/are: *(State full name, nationality and address of inventor(s))*

and that my/our right to apply for a patent for the invention is as follows:

4. I /We request that all communications relating to this application be sent to:

who is/are appointed to act for me/us.

5. If the address given in (4) is not within New Zealand, my/our 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 applicant/authorised person
in New Zealand

Signature of applicant/authorised person
in New Zealand

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

Payment:

The fee for filing this application is:

Fee	+ G.S.T (where applicable)	= Total Fee \$NZD
\$250.00	\$31.25	

Charge my MED account No: _____

Credit Card – Please complete the attached credit card authorisation form

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Your receipt will be sent by email. Please tick this box if you would like your receipt by mail

Return your completed form:

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New Zealand

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Please complete this form and attach it to your documents if you wish to pay your fees by credit card.

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Card Number

Card Expiry Date
Month Year

Name on card

Card Security Code*

*This field is optional. The card security code is a unique three or four digit, non embossed security number, associated to your credit card number. (This code is not used by Diners).

Visa/MasterCard

The three-digit card verification code (CVV or CVC2) is non embossed and typically printed on the signature panel of your card, immediately after the card's standard number. In some cases you may see the last 4 digits of your card number with the additional 3 digit security code following.

American Express

The card security code for your American Express card is a four-digit card identification number (CID or 4DBC) located on the front of your credit card, above your main credit card number.

Cardholder's Contact Details *(optional if provided with attached documents)*

Phone

E-mail

Cardholder's Signature _____

Your credit card details will be destroyed upon confirmation of authorisation of payment.

General enquiries please contact:

Intellectual Property Office of New Zealand
 PO Box 9241, Wellington 6141, New Zealand

Telephone: 0508 4 IPONZ (447 669)
www.iponz.govt.nz

