

Application Under Section 35 for the Restoration of a Patent

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(To be accompanied by evidence verifying the statements made in the application)

Patent Number(s)	Current Owner

I (or We), *(State name and address)* _____

hereby apply for an order for the restoration of patent No _____

The circumstances which led to the failure to pay the renewal fee of \$ _____

on or before the *(State date when fee was due)*

(Day) _____ *(Month)* _____ *(Year)* _____

are as follows: *(The circumstances must be stated in detail)* _____

Communications should be sent to _____

at *(Address must be within New Zealand)* _____

who is (or are) hereby appointed to act for me (or us).

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 person

Signature of applicant person

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

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