

APPLICATION UNDER SECTION 35 FOR THE RESTORATION OF A PATENT

SAVE TIME AND POSTAGE – submit your completed form through our online correspondence service www.iponz.govt.nz/online-services

(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 _____

Signed by:

Name of applicant person

Signature of applicant person

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

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