

# NOTICE OF OPPOSITION UNDER SECTION 43 TO OFFER TO SURRENDER A PATENT

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)

Patent Number(s)	Current Owner

**To be accompanied by a copy, and a statement of case in duplicate**

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

\_\_\_\_\_

\_\_\_\_\_

hereby give notice of opposition to the offer to surrender patent No. \_\_\_\_\_

for the following reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communications should be sent to:

Name \_\_\_\_\_

Organisation \_\_\_\_\_

*At: This address must be in within New Zealand*

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your reference \_\_\_\_\_

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

**Presenter Details:** *(if different from above)*

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your reference \_\_\_\_\_

**Signed by:**

\_\_\_\_\_  
Name of opponent

\_\_\_\_\_  
Signature of opponent

Dated this \_\_\_\_\_ of \_\_\_\_\_  
(day) (month) (year)

Return your completed form through our online correspondence service  
[www.iponz.govt.nz/online-services](http://www.iponz.govt.nz/online-services).

WWW.IPONZ.GOV.T.NZ

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

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