

# Intellectual Property Customer Account Authorisation

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)

**1. IP Number(s) :** *(If there is insufficient space please attach a separate sheet containing the information)*


**2. Applicant/ Owner details:**

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

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

**3. Contact/Agent details:** *(If different from above)*

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

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

**4. Authorisation Statement:**

I authorise account \_\_\_\_\_ *(Please enter your Customer ID or User ID)* in the name of \_\_\_\_\_

to be linked to the IP numbers listed above.

**Signed by:**

\_\_\_\_\_  
 Name of applicant/authorised person

\_\_\_\_\_  
 Signature of applicant/authorised person

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



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If there is insufficient space on the form to provide the information required, please attach a separate sheet containing the information.

**Your Name:** *(Please enter your contact details here if they are different from the contact details above. This information may be used to contact you if we have a query about the information that is submitted)*

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

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

### Return your completed form:

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)

**By post to** PO Box 9241  
Marion Square  
Wellington 6141  
New Zealand

**By courier to** 205 Victoria Street  
Wellington  
New Zealand