

SAVE TIME AND POSTAGE – file online www.iponz.govt.nz/online-services

Complete this form to request authorisation to link your igovt login to your existing IPONZ client record (s).

To the Commissioner of Patents, Trade Marks and Designs:

Your Name: _____

Your Address: _____

Your Email: _____

Your phone number: _____

Authorisation declaration:

I, _____
(Your full name)

(Position within the organisation where applicable)

of _____
(Organisation's name where applicable)

am legally authorised to undertake anything that must be done by or to a person under the Trade Marks Act 2002 and the Designs Act 1953 in relation to trade marks and designs in the name of:

1. _____
(Client ID) (Individual or organisation's name)

2. _____
(Client ID) (Individual or organisation's name)

3. _____
(Client ID) (Individual or organisation's name)

If you need to note more records please attach a separate sheet.

The information provided is true and correct. (Tick the box)

☐

Signature

Date: (day) (month) (year)

Submit your request by uploading a scanned copy of your complete form and evidence online when you create your Profile or select Maintain Client
www.iponz.govt.nz/online-services.

WWW.IPONZ.GOV.T.NZ

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