

INTELLECTUAL PROPERTY CUSTOMER ACCOUNT AUTHORISATION

SAVE TIME AND POSTAGE – Submit your completed form through our online correspondence service 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)



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 through our online correspondence service
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)