

AUTHORISATION, ALTERATION OR REVOCATION OF AN AGENT

Submit your completed form online www.iponz.govt.nz/online-services

1. Owner/Applicant details:

Full name _____

Address _____

2. Agent details:

Full name _____

Address for service _____

3. Type of Application

Indicate the type of application you propose by ticking **one** of the following boxes.

- ☐ Authorisation of agent
☐ Alteration of existing authorisation of agent
☐ Revocation of existing authorisation of agent

Authorisation details *(A statement of any limitation on the authority of the agent to act for the applicant).*

Alteration details *(The alteration details, and, if applicable, the matter(s) for which the agent continues to be authorised to act).*

Revocation details *(Scope of the revocation, and, if applicable, the matter(s) for which the agent continues to be authorised to act).*

Signed by:

Name of applicant/owner _____

Signature of applicant/owner _____

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

Submit a request to change agent by uploading a complete copy of this form through our Maintain Trade Mark service. See www.iponz.govt.nz/online-services for more details.

WWW.IPONZ.GOV.T.NZ

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