

# APPLICATION FOR RECTIFICATION

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)

**Please note:** If the applicant for rectification is not the owner of the mark(s) to which the application relates, a statement of case must be filed with the application in order to establish that the applicant is a 'person who has an interest' pursuant to section 76 (1) of the Act.

## 1. Trade mark(s) details:

Trade Mark Number	Description or Representation of the Trade Mark

## 2. Applicant for rectification details:

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

Address for service in New Zealand \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

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

Applicant's agent (*if any*) \_\_\_\_\_

## 3. Rectification details required:

State the extent to which rectification is sought.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the grounds on which the application for rectification relies.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the class(es) to which the application for rectification relates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Presenter Details:** *(if different from the applicant information)*

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

**Signed by:**

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

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

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

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[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)**