

AUTHORISATION, ALTERATION OR REVOCATION OF AN AGENT

SAVE TIME AND POSTAGE – submit your completed form through our online correspondence service www.iponz.govt.nz/online-services

1. Trade mark(s) details:

Trade Mark Number	Description or Representation of the Trade Mark

2. Owner/Applicant details:

Full name _____

Address for service in New Zealand _____

Email _____

Telephone Number _____

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

4. Agent details:

Full name _____

Address for service in New Zealand _____

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).*

Presenter Details: *(if different from applicant or owner)*

Name

Organisation

Address

Email

Telephone Number

Your reference

Signed by:

Name of applicant/owner

Signature of applicant/owner

Dated this

 of

(day) (month) (year)

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)