

COUNTERSTATEMENT

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. Applicant details:

Full name _____

Address for service in New Zealand _____

Email _____

Telephone Number _____

Applicant's agent (if any) _____

3. This counterstatement is in response to a: (please tick **one** of the following boxes).

- ☐ Notice of Opposition
- ☐ Application for Revocation
- ☐ Application for Declaration of Invalidity
- ☐ Application for Rectification
- ☐ Application for Cancellation or Alteration

The above action was filed by: _____

Date action was filed: _____

State the grounds on which you rely in the support of the application(s) or in defence of the registration(s).

State the allegations that you wish to admit.

State the allegations you wish to deny and/or that you have insufficient knowledge to respond to.

If this counter-statement is in response to an application for **revocation for non-use** and the said non-use is due to special circumstances of the kind referred to in section 66 (2) of the Act, a statement of the circumstances is required.

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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See our [website](#) for other options.

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