

Application for Revocation

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 for revocation details:

Full name _____

Address for service in New Zealand

Email _____

Telephone Number _____

Applicant's agent (if any) _____

3. Revocation details required:

Indicate the nature of the revocation by ticking **one** of the following boxes.

- Revocation on grounds of non-use
- Revocation on grounds other than non-use

Is the revocation a FULL revocation for all the goods and/or services, or a PARTIAL revocation for just some of the goods and/or services. (Please indicate below)

- Full revocation
- Partial revocation

State the grounds on which the application for revocation is made.

State the basis on which the applicant claims to be an aggrieved person.

Application for Revocation

If there is insufficient space on the form to provide the information required, please attach a separate sheet containing the information.

Goods and/or Services - (please list the class or goods or services for which the application for revocation relates.)

Class (if known)	Goods and/or Services

Presenter Details: (if different from the applicant information)

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

Signed by:

Name of applicant/authorised person

Signature of applicant/authorised person

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

Return your completed form:

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By post to PO Box 9241
Marion Square
Wellington 6141
New Zealand

By courier to 205 Victoria Street
Wellington
New Zealand

