

## Application for Revocation

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)

### 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

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