

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.

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

Class <i>(if known)</i>	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)

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WWW.IPONZ.GOV.T.NZ

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