

Application for Declaration of Invalidity

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. Declaration of invalidity details required:

State the grounds on which the declaration of invalidity is made.

State the basis on which the applicant claims to be an aggrieved person for the purposes of section 73 (1) of the Act.

Goods and/or Services - (please list the classes (es) or goods and/or services to which the application for declaration for invalidity relates)

| Class (if known) | Goods and/or Services |
|------------------|-----------------------|
| | |
| | |

Application for Declaration of Invalidity

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

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)

Payment:

The fee for filing a declaration of invalidity is:

| Fee | + G.S.T (where applicable) | = Total Fee \$NZD |
|----------|----------------------------|-------------------|
| \$300.00 | \$37.50 | |

Charge my MED account No: _____

Credit Card – Please complete the attached credit card authorisation form

Cheque – Please make cheques payable to the Ministry of Economic Development

Your receipt will be sent by email. Please tick this box if you would like your receipt by mail

Return your completed form:

Save time and postage – return your completed form through our online correspondence service www.iponz.govt.nz/online-services

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

By courier to 205 Victoria Street
Wellington
New Zealand



Credit Card Authorisation Form

You can apply, renew and file correspondence for patents, trade marks and designs online - www.iponz.govt.nz/online-services

Please complete this form and attach it to your documents if you wish to pay your fees by credit card.

Amount NZ\$

Card Number

Card Expiry Date

Month

Year

Name on card

Card Security Code*

*This field is optional. The card security code is a unique three or four digit, non embossed security number, associated to your credit card number. (This code is not used by Diners).

Visa/MasterCard

The three-digit card verification code (CVV or CVC2) is non embossed and typically printed on the signature panel of your card, immediately after the card's standard number. In some cases you may see the last 4 digits of your card number with the additional 3 digit security code following.

American Express

The card security code for your American Express card is a four-digit card identification number (CID or 4DBC) located on the front of your credit card, above your main credit card number.

Cardholder's Contact Details *(optional if provided with attached documents)*

Phone

E-mail

Cardholder's Signature _____

Your credit card details will be destroyed upon confirmation of authorisation of payment.

General enquiries please contact:

Intellectual Property Office of New Zealand
PO Box 9241, Wellington 6141, New Zealand

Telephone: 0508 4 IPONZ (447 669)
www.iponz.govt.nz/contact

