

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 class(es) or goods and/or services to which the application for declaration of invalidity 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)

Payment:

The fee for filing this application is:

Fee	+ G.S.T <i>(where applicable)</i>	= Total Fee \$NZD
\$300.00	\$37.50	

Submit your complete form as a file online and pay by MED account or credit card. See our [website](#) for other payment methods.

Return your completed form through our online correspondence service
www.iponz.govt.nz/online-services.

WWW.IPONZ.GOV.T.NZ

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

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