

CANCELLATION OR ALTERATION OF A REGISTERED TRADE MARK BY AN AGGRIEVED PERSON

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:

Indicate the nature of the cancellation or alteration by ticking **one** of the following boxes.

☐ Cancellation

☐ Alteration

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

Class (if known)	Goods and/or Services

State the extent to which cancellation or alteration is sought.

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

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

 (day) of

 (month)

 (year)

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WWW.IPONZ.GOV.T.NZ

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

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