

# 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](http://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 all the class(es) 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Cancellation or Alteration of a registered Trade Mark by an Aggrieved Person

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

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

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**Presenter Details:** *(if different from the applicant information)*

Name

Organisation

Address

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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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Marion Square  
Wellington 6141  
New Zealand

**By courier to** 205 Victoria Street  
Wellington  
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