

VOLUNTARY CANCELLATION OF A REGISTERED TRADE MARK

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. Owner details:

Full name _____

Applicant's agent (if any) _____

3. Cancellation details:

Indicate the nature of the cancellation by ticking **one** of the appropriate boxes.

- ☐ Partial cancellation
☐ Full cancellation

4. Partial cancellation

Goods and/or Services – (If you selected **partial cancellation**, please list the class(es) or the goods and/or services to be cancelled.)

Class (if known)	Goods and/or Services

State the amended specification (If you selected **partial cancellation**, please state the amended specification).

Presenter Details: (if different from the applicant information)

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

Signed by:

Name of owner/authorised person

Signature of owner/authorised person

Dated this _____ of _____
(day) (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)