

# Request for Commissioner's Certificate of Assignment or Transmission

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:** *(Please state the trade mark(s) to which the assignment or transmission relates).*

Trade Mark Number	Description or Representation of the Trade Mark

**Goods and/or Services -** *(please list all the goods and/or services that are proposed to be assigned or transmitted.)*

Class <i>(if known)</i>	Goods and/or Services

**2. Applicant details:**

Full name \_\_\_\_\_

Address for communication in New Zealand

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Proposed Assignee details:**

Full name \_\_\_\_\_

Address for communication in New Zealand

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assignee's agent *(if any)* \_\_\_\_\_

**4. Nature of Assignment or Transmission:**

State whether this is a: *(please select **one** of the following boxes).*

- Full assignment
- Partial assignment
- Full Transmission
- Partial Transmission

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

State the circumstances of the proposed assignment or transmission (*The Commissioner may require this to be verified by a statutory declaration*).

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Indicate whether any licensees are to be cancelled or amended. Yes / No / N/A

### 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)

### Return your completed form:

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

**By courier to** 205 Victoria Street  
Wellington  
New Zealand

