

APPLICATION FOR ASSIGNMENT OR TRANSMISSION

SAVE TIME AND POSTAGE – submit your completed form through our online correspondence service www.iponz.govt.nz/online-services

Please note – you must file supporting documentation with this form:

- a copy of the assignment or transmission document, for example, a Sale and Purchase Agreement; or
- any other document or documents that is proof to the satisfaction of the Commissioner of the subsequent owner's title to the trade mark, for example, a statutory declaration.

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 assigned or transmitted.)*

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

2. Current owner details:

Full name _____

Current owner's agent *(if any)* _____

3. New owner details:

Full name _____

Business or residential address _____

Address for service in New Zealand _____

Contact address _____

4. New owner's agent *(if any)* _____

Name _____

Business or residential address _____

Address for service in New Zealand _____

Contact address _____

5. 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

Date on which assignment or transmission became effective.

_____ of _____
(day) (month) (year)

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 _____

- ☐ I confirm that any cancelled or amended licensees have been notified of this assignment/transmission.
☐ **I have attached supporting documentation of the assignment or transmission.**

Signed by:

Name of applicant/authorised person

Signature of applicant/authorised person

Dated this _____ of _____
(day) (month) (year)

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.