

Application for Alteration or Cancellation of a Licensee

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. Licensee details:

Full name _____

Licensee's agent *(if any)* _____

3. Nature of alteration or cancellation:

Indicate whether this is an alteration or cancellation by ticking **one** of the following boxes.

- Alteration
 Cancellation

If this is an application for an **alteration** of a license, state the proposed alteration.

Goods and/or Services - *(please list all the goods and/or services for alteration or cancellation of the licence for which this application relates).*

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

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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.

If this is an application for an **alteration**, state the class(es) and the actual goods and/or services in respect of which the licence is to continue (if any).

Presenter Details:

Name

Organisation

Address

Email

Telephone Number

Your reference

I confirm that the relevant licensees have been notified of this application.

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

By courier to 205 Victoria Street
Wellington
New Zealand

