

APPLICATION FOR AN ADDITIONAL CLASS OR ADDITIONAL CLASSES

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

Note: This application must be filed within 1 month after the application for registration is filed.

1. Trade mark(s) details: *(Please state the trade mark(s) for which the licensee is to be registered).*

| Trade Mark Number | Description or Representation of the Trade Mark |
|-------------------|---|
| | |
| | |

2. Application details:

Full name _____

Address for service in New Zealand *(this must be a New Zealand address)*

Email _____

Telephone Number _____

3. The applicant requests that the following class(es) be added to the aforementioned trade mark application:

(Note – the goods or services to which the additional class or classes relate must be within the original specification).

| Class Number(s) | Goods and/or Services <i>(List the goods and/or services to be added)</i> |
|-----------------|---|
| | |
| | |

Presenter Details:

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

Signed by:_____
Name of applicant/authorised person_____
Signature of applicant/authorised personDated this _____ of _____
(day) (month) (year)**Payment:**

The fee for filing this application is:

| Fee | + G.S.T (<i>where applicable</i>) | X Number of Classes | = Total Fee \$NZD |
|----------|-------------------------------------|---------------------|--------------------------|
| \$100.00 | \$12.50 | | |

Submit your complete form as a file online and pay by MED account or credit card. See our [website](#) for other payment methods.

Return your completed form through our online correspondence service
www.iponz.govt.nz/online-services.

WWW.IPONZ.GOVZ.NZ

See our [website](#) for other options.

FOR ASSISTANCE COMPLETING THIS FORM PLEASE CALL 0508 4 IPONZ (0508 447 669)