

Authorisation, Alteration or Revocation of an Agent

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/Applicant details:

Full name _____

Address for service in New Zealand

Email _____

Telephone Number _____

3. Type of Application:

Indicate the type of application you propose by ticking **one** of the following boxes.

- Authorisation of agent
 Alteration of existing authorisation of agent
 Revocation of existing authorisation of agent

4. Agent details:

Full name _____

Address for service in New Zealand.

Authorisation details *(A statement of any limitation on the authority of the agent to act for the applicant).*

Alteration details *(The alteration details, and, if applicable, the matter(s) for which the agent continues to be authorised to act).*

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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.

Revocation details (*Scope of the revocation, and, if applicable, the matter(s) for which the agent continues to be authorised to act*).

Presenter Details: (*if different from the applicant information*)

Name _____

Organisation _____

Address _____

Email _____

Telephone Number _____

Your reference _____

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

