

# NOTICE OF SUBSTITUTION OF A PARTY

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:

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 \_\_\_\_\_

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

The nature of the application or notice of opposition to which the claim for substitution relates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A statement describing how the right or interest on which the applicant relies for substitution is vested in them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Presenter Details: *(if different from applicant or owner details above)*

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)

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[www.iponz.govt.nz/online-services](http://www.iponz.govt.nz/online-services).

WWW.IPONZ.GOV.T.NZ

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

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