

Application for a Division of a Trade Mark

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. Applicant details:

Full name _____

Address in New Zealand

Email _____

Telephone Number _____

Applicant's agent (if any) _____

3. Division details:

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

- Divide classes, goods or services
- Divide a series of marks

List the classes and the corresponding specifications (from the initial application) for which a division is to be created.

Class	Goods and/or Services

State the mark or marks in the series for which division is sought.

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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.

Has a notice of opposition to the application for registration been filed with the Commissioner? (If **Yes**, a statement that the opponent has consented to the application for division must be provided with this form).

Yes

No

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