

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

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 personDated this _____ of _____
(day) (month) (year)

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WWW.IPONZ.GOVZ.NZ

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