

Application for a Merger 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 of all applications or registrations to be merged:

Trade Mark Numbers	Trade Mark Numbers

2. Owner/Applicant details:

Full name _____

Address for service in New Zealand

Applicant's agent (if any) _____

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)

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By post to PO Box 9241
 Marion Square
 Wellington 6141
 New Zealand

By courier to 205 Victoria Street
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 New Zealand

