

**APPENDIX 1: APPLICATION FOR AN AUTHORISATION,
ALTERATION OR REVOCATION OF AN AGENT**

**AUTHORISATION, ALTERATION OR REVOCATION OF
AN AGENT**

Details of the trade mark(s) to which the application relates	
1. Trade mark number(s) to which the authorisation, alteration or revocation relates.	
Applicant details	
2. Name of the applicant.	
3. Address for service of the applicant.	
<u><i>Nature of application</i></u>	
4. State the nature of this application by ticking the appropriate box.	
<input type="checkbox"/> Authorisation <input type="checkbox"/> Alteration <input type="checkbox"/> Revocation	
Agent details	
5. Name of the agent.	
6. Address for service of the agent.	
<u><i>Authorisation details</i></u>	
7. A statement of any limitation on the authority of the agent to act for the applicant.	

Alteration details

- | | |
|---|--|
| 8. The alteration details, and, if applicable, the matter(s) for which the agent continues to be authorised to act. | |
|---|--|

Revocation details

- | | |
|--|--|
| 9. Scope of the revocation, and, if applicable, the matter(s) for which the agent continues to be authorised to act. | |
|--|--|

Signature of the applicant: _____

Date: _____

Please return form by mail to:

The Commissioner of Trade Marks

Intellectual Property Office New Zealand

PO Box 9241

Marion Square, Wellington

New Zealand

Contact Telephone No:

Contact Email Address:

