

## APPENDIX 1: APPLICATION FOR COMMISSIONERS CERTIFICATE

### REQUEST FOR COMMISSIONER'S CERTIFICATE OF ASSIGNMENT OR TRANSMISSION

#### Details of the trade mark(s)

|  |  |
|--|--|
| 1. Trade mark number(s) to which the assignment or transmission relates.   |  |
| 2. Trade mark(s).<br><br><i>(If necessary attach separate sheets of paper. Please number each one and indicate in this section how many extra sheets you have used.)</i> |  |

3. State the classes and goods or services that are proposed to be assigned or transmitted.

| CLASS | GOODS/SERVICES |
|-------|----------------|
|       |                |
|       |                |
|       |                |
|       |                |

#### Details of the person making the request

|  |  |
|--|--|
| 4. Name of applicant.                  |  |
| 5. Communication address of applicant. |  |

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Details of the proposed assignee

- |    |   |  |
|----|---|--|
| 6. | Name of the proposed assignee.                  |  |
| 7. | Communication address of the proposed assignee. |  |
| 8. | Name of the assignee's agent (if any).          |  |

Nature of assignment or transmission

9. State whether this is a:  
(select the appropriate category by ticking one of the following boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> full assignment    | <input type="checkbox"/> full transmission    |
| <input type="checkbox"/> partial assignment | <input type="checkbox"/> partial transmission |

10. State the circumstances of the proposed assignment or transmission.
- The Commissioner may require this to be verified by a statutory declaration.*

Licensees

- |   |   |
|---|---|
| 11. Indicate whether any licensees are to be cancelled or amended | Yes / No / N/A<br>(delete as appropriate) |
|---|---|

Signature of applicant or authorised agent: \_\_\_\_\_

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:**