

**APPENDIX 1: APPLICATION FOR DIVISION**  
**APPLICATION FOR A DIVISION OF A TRADE MARK**

**Details of the trade mark**

- |   |  |
|---|--|
| 1. Trade mark number to which the division relates. |  |
|---|--|

**Applicant details**

- |   |  |
|---|--|
| 2. Name of the applicant.                             |  |
| 3. Address for the applicant.                         |  |
| 4. Name of the applicant's authorised agent (if any). |  |

***Details of the division***

5. Is this a request to:
- ☐ Divide classes, goods or services
- ☐ Divide a series of marks

*(Indicate the nature of the division by ticking one of the above boxes. Please note that you may only select one.)*

6. List the classes and the corresponding specifications (from the initial application) for which a division is to be created.  
*(If necessary attach separate sheets of paper. Please number each one and indicate in this section how many extra sheets you have used.)*

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

- |  |  |
|--|--|
| 7. State the mark or marks in the series for which division is sought. |  |
|--|--|

8. Has a notice of opposition to the application for registration been filed with the Commissioner?

Yes

No

If **yes**, a statement that the opponent has consented to the application for division must be provided with this form.

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

Date: \_\_\_\_\_

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| <p><i>Please return form by mail to:</i><br/>The Commissioner of Trade Marks<br/>Intellectual Property Office New Zealand<br/>PO Box 9241<br/>Marion Square, Wellington<br/>New Zealand</p> | <p><b>Contact Telephone No:</b></p><br><p><b>Contact Email Address:</b></p> |
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