

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

Details of the trade mark(s)

- | | |
|---|--|
| 1. Trade mark number(s) of all applications <u>or</u> registrations to be merged. | |
|---|--|

Applicant details

- | | |
|---------------------------|--|
| 2. Name of the applicant. | |
|---------------------------|--|

- | | |
|---|--|
| 3. Name of the authorised agent (if any). | |
|---|--|

Signature of applicant or authorised agent: _____

Date: _____

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