

## APPLICATION FOR RECTIFICATION

### Details of the trade mark(s)

1. Trade mark number(s).	
2. Trade mark(s).	

### Details of the applicant for rectification

4. Name of the applicant.	
5. Address for service of the applicant.	
6. Name of the applicant's authorised agent (if any).	

### Details of the rectification

8. State the extent to which rectification is sought. <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>	
9. State the grounds on which the application for rectification relies. <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>	
10. State the class(es) to which the application for rectification relates.	

Signature of the application or authorised agent: \_\_\_\_\_

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

**Please note:** if the applicant for rectification is not the owner of the mark(s) to which the application relates, a statement of case must be filed with the application in order to establish that the applicant is a 'person who has an interest' pursuant to section 76 (1) of the Act.

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:**

