

**APPENDIX 2: APPLICATION FOR ASSIGNMENT OR  
TRANSMISSION**

**APPLICATION FOR 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).  
*(If necessary attach separate sheets of paper. Please number each one and indicate in this section how many extra sheets you have used.)*

3. State the class(es) and goods or services that are assigned or transmitted.

CLASS	GOODS/SERVICES

**Details of current owner**

4. Name of current owner.

5. Name of current owner's agent (if any).

**Details of new owner**

6. Name of the new owner.

7. Business or residential address of new owner.

8. Service address of new owner.

9. Name of the new owner's authorised agent (if any).

Nature of assignment or transmission

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

☐ full assignment

full ☐ transmission

☐ partial assignment

☐ partial transmission

11. Date on which assignment or  
transmission became effective.

**Licensees**

12. Indicate whether any licensees  
are to be cancelled or amended

Yes / No / N/A  
(delete as appropriate)

*I confirm that any cancelled or amended licensees have been notified of this assignment/transmission.*

Signature of applicant or authorised agent:

Date:

**Please note that this application is subject to the filing of:**

- a copy of the assignment or transmission document; or
- any other document or documents that is proof to the satisfaction of the Commissioner of the subsequent owner's title to the trade mark.

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:**