

## REQUEST TO WITHDRAW A TRADE MARK APPLICATION

### Details of the trade mark(s) to be withdrawn

Trade mark number(s).

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.*

### Applicant details

Name of the applicant.

Name of the applicant's authorised agent (if any).

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:**