

Client Account Access Authorisation Form

Complete this form to request authorisation to link your account to an existing client.

To the Commissioner of Patents, Trade Marks, Designs and Plant Variety Rights:

Your Name:

Your Address:

Your Email:

Your Phone No.:

Authorisation declaration:

I, , of
(Full name) *(Position within organisation, if applicable)*

am legally authorised to undertake
(Organisation's name, if applicable)

anything that must be done by or to a person under the Trade Marks Act 2002, Designs Act 1953, Patents Act 2013 and Plant Variety Rights Act 1987, in relation to trade marks, designs, patents or plant variety rights in the name of:

1.	<input type="text"/> <i>(Client ID)</i>	<input type="text"/> <i>(Individual or organisation's name)</i>
2.	<input type="text"/> <i>(Client ID)</i>	<input type="text"/> <i>(Individual or organisation's name)</i>
3.	<input type="text"/> <i>(Client ID)</i>	<input type="text"/> <i>(Individual or organisation's name)</i>

I certify that the information provided above is true and correct.

Signature

Date: (day) (month) (year)

Please upload a copy of this completed form when you create your profile or update the primary contact for your client.

<http://www.iponz.govt.nz/manage-ip>

Office use only