



# Request for Direction under s29 or s30

Australian Government

IP Australia

Design Number(s)

Requestor(s) Details

Name or Company Name

ACN/  
ARBN

Address

State

Postcode

Country

Address for Service

State

Postcode

Contact Details (Optional)

Telephone No ( )

Facsimile No ( )

Mobile No

Your Ref

Email address

Grounds

I/We are entitled to make this request on the following grounds:

Documents

I/We furnish with this request the following documents:

Signature

Name (please print)