



Notice of Opposition to Application for Extension of Time

Registration or Design Number

Opponent Details

Name or Company Name	ACN/ ARBN
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Address		
	State	Postcode
Country		

Address for Service		
	State	Postcode

Contact Details (Optional)	Telephone No ()	Facsimile No ()
	Mobile No	Your Ref
	Email address	

Reason(s)

I/We give notice that I/We oppose the application for extension of time of more than three months for the following reason(s):

Notification of Service

A copy of this notice was served on the *Registered Owner/*Applicant on:

Signature	<input type="text"/>
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Name (please print)	<input type="text"/>
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