



Request for Exercise of Registrar's Discretionary Powers

Registration or Design Number

Requestor(s) 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	

Written submissions

I/We provide written submissions which are attached to this request.

Nature of Request

Signature	
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Name (please print)	
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