



Notice of Opposition

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2nd Name (if required)	ACN/ARBN/ABN		
Address (can be a PO Box)			
	Country (if not Australia)	State	Postcode

Address for Service of documents in Australia or New Zealand (can be a PO Box)

Address			
	Country	State	Postcode

Correspondence Address (if different from the above)

Address			
	Country (if not Australia)	State	Postcode

Agent Details (only complete if you are being represented by an Agent authorised to act on your behalf)

Name			
Address			
	Country (if not Australia)	State	Postcode

Additional Contact Details (your details or the details of your agent)

Telephone	()	Fax	()	Mobile Number	
Email Address				Customer Number	

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I give notice that I oppose:

- the grant of a licence in respect of application or Patent
- an extension of the term of a standard patent
- a certified innovation patent*
- the allowance of an amendment
- an extension of time
- the grant of a patent

Application / Patent number

in the name of

Email address for sharing of evidence and documents:

**Note: If Innovation Patent include Statement of Grounds and Particulars and Evidence in Support*