



Withdrawal of Trade Mark Application (Prior to Registration)

Privacy Notice

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IP Australia will publish your:

- name;
- address;
- address for service;
- address for correspondence (if applicable); and
- Trade Mark details and history

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As far as your personal information is concerned:

- you may provide a post office box address if you do not want your residential address to be published; and
- if you do not provide the personal information required on the form, IP Australia may not be able to process this form.

IP Australia will not otherwise use or disclose your personal information without your consent, unless authorised or required by or under law.



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Personal Details of Applicant

(* denotes mandatory fields)

*Name	ACN/ARBN/ABN		
*Address (can be a PO Box)			
	Country (if not Australia)	State	Postcode
2nd Applicant (if required)	ACN/ARBN/ABN		
Address (can be a PO Box)			
	Country (if not Australia)	State	Postcode
<input type="checkbox"/> Additional applicant details attached			

*Address for Service (if different from the above address)

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

Address			
	Country	State	Postcode

OR

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

Optional Details:

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

By completing this form you consent to your personal information being handled in accordance with the Privacy Notice on page 1 of this form and the IP Australia Privacy Policy.

IP Australia publishes address details in our online databases and bulk data products. Please provide a post office box if you do not want your residential address to be published.



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Trade Mark Number

In the name of

IMPORTANT: If multiple owners, this request MUST be signed by or on behalf of each of these persons)

(Tick appropriate box)

- Owner/s
- Legal Representatives
- Patent Attorney or Trade Mark Agent
- Person permanently employed by, and only by, the person notifying withdrawal

(DD/MM/YYYY)

Signature

Name *(print)*

Date

(DD/MM/YYYY)

Signature

Name *(print)*

Date

(DD/MM/YYYY)

Signature

Name *(print)*

Date

- Additional owners names and signatures attached

No fee applies to the filing of this form