



# Request for Exercise of Commissioner's Discretionary Powers

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- inventor name;
- address for service;
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## Personal Details of Customer

(\* denotes mandatory fields)

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

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.

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