



Request for Postponement of Acceptance

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- inventor name;
- address for service;
- address for correspondence; and
- details and history of the patent application

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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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