



Application for Dismissal of Opposition

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Application for Dismissal of Opposition

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(* 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 | |

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