



Australian Government
IP Australia

Trade Marks Act 1995



Application to Cancel a Claimed Interest or Right in a Trade Mark

Privacy Notice

The personal information collected on this form is collected for the purposes of the Trades Marks Act 1995 (www.ipaustralia.gov.au/about-us/ip-legislation/) and is protected by the *Privacy Act 1988* (www.comlaw.gov.au/series/c2004a03712).

All personal information you provide on this form is handled in accordance with IP Australia's Privacy Policy (www.ipaustralia.gov.au/about-us/what-we-do/privacy-policy/).

The Privacy Policy contains relevant information, including:

- how you may seek access to and correction of the personal information we hold;
- how you may make a complaint about a breach of the Privacy Act and how we will deal with your complaint; and
- IP Australia's Privacy Contact Officer details.

Any personal information you provide will be used for the purposes of processing this form. IP Australia may also contact you, using the contact details you have provided, to request your feedback on our products and services.

IP Australia will publish your:

- name;
- address for service;
- address for correspondence; and
- details and history of your Trade Mark

in the Official Journal of Trade Marks, the Register of Trade Marks and on Australian Trade Mark Search. Once information is available on the internet, IP Australia has no control over its subsequent use and disclosure. You should be aware that the information (including personal information) held in IP Australia's online IP Rights databases is also available on request, subject to our terms and conditions.

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 the form.

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



Application to Cancel a Claimed Interest or Right in a Trade Mark

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 provided on page 1 of this form.

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.



Application to Cancel a Claimed Interest or Right in a Trade Mark

*Claimant's Details

(*denotes mandatory fields)

Name:

Address: (can be a PO Box)
Country (if not Australia) State Postcode

Address for Service must be an address in Australia or New Zealand (can be a PO Box)

Address:
Country: State: Postcode

*Trade Mark No.

In the name of

I request Cancellation of the Claimed Interest on the above Trade Mark

Note:

- 1. This request must be signed by at least the claimant.
- 2. If this request is signed by the owner of the trade mark only, the process will be delayed to allow for consultation with the claimant who may not agree to the cancellation

Owner/Agent to complete (tick appropriate box)

I am the:

- Applicant/Owner Legal Representative Patent Attorney or Trade Mark Agent
- Person permanently employed by, and only by, the Applicant/Owner

(DD/MM/YYYY)
Signature Name (print) Date

Claimant to complete (tick appropriate box)

I am the:

- Claimant Legal Representative Patent Attorney or Trade Mark Agent
- Person permanently employed by, and only by, the claimant

(DD/MM/YYYY)
Signature Name (print) Date

Note: No fee applies to the filing of this form.