



PATENTS ACT 1990 & TRADE MARKS ACT 1995

Application for Restoration of a Patent and/or Trade Marks Attorney's Name to the Register/s Following Voluntary Removal Privacy Notice

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To the Designated Manager,

I, , hereby apply for the restoration of my name to the Register/s of Patent and / or Trade Marks Attorneys in accordance with Regulation 20.29 of the *Patents Regulations 1991* and / or in accordance with Regulation 20.14 of the *Trade Marks Regulations 1995*.

I was formerly registered in Australia as a patent and / or trade marks attorney and I was voluntarily removed on

I enclose a certified copy of my certificate of registration/s. I enclose the following prescribed fees.
(Date)

Prescribed fees (select one)

Patent and Trade Marks Attorney \$1200 (\$600 + \$300 + \$300)
(\$600 in accordance with items 106 of Schedule 7 to *Patent Regulations 1991*, \$300 in accordance with item 107 of Schedule 7 of *Patent Regulations 1991* and \$300 in accordance with item 31 of Schedule 9 to *Trade Marks Regulations 1995*).

Patent Attorney \$700 (\$400 + \$300)
(\$400 in accordance with items 105, Part 1 of Schedule 7 and \$300 in accordance with item 107 of Schedule 7 to *Patent Regulations 1991*)

Trade Marks Attorney \$700 (\$400 + \$300)
(\$400 Annual Registration fee (in accordance with items 29 of Schedule 9) (\$300 in accordance with item 31 of Schedule 9 to *Trade Marks Regulations 1995*)

I consent to my personal information being used for the purpose of IP Australia contacting me, via my email address listed below, with information and updates from its "What's New" subscription service. I understand that I can opt out of this service at any time by clicking on the "unsubscribe" button and following the directions. Please provide a post office box if you do not want your physical address to be published on the TTIPAB website.

Address for receipt of all notices in relation to restoration

Address:
Country (if not Australia): State: Postcode:

Contact details

Email: Telephone: Mobile number:

Address for publication on the TTIPAB website (all attorneys must provide an address)

Address State Postcode
Phone No. Email Website:

Applicant signature

Full name: Date:
(Signature)

For more information please visit our website www.ttipattorney.gov.au