

**REQUEST FOR EXAMINATION IN
ACCORDANCE WITH ARTICLE 17 OF THE
TRADEMARKS NATIONAL ORDINANCE 1995**



** If the space on the form is insufficient, please list the relevant information on an attachment*

Name of Applicant/Trademark Attorney	:	
Address	:	
P.O. Box number	:	
Country	:	
E-mail address	:	
Telephone number	:	

☐ Individual mark ☐ Collective mark ☐ Form mark

Enumeration of goods and services	:	
The indication of the colour(s)	:	
Specification of goods and services *	:	

Fee - Cg 375,00 for each trademark		
Additional fee for goods and services higher than the third class - Cg 37,50		
Accelerated procedure - Cg 150,00 for each trademark	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRADEMARK

If word mark indicate clearly in the square. If image place the reproduction of the mark in the square.

Curaçao, _____

Signature :

Name : _____