



Bureau for Intellectual Property
Curaçao

Request for change in the name and/or address of the Licensee, Pledgee, Seizure holder

Name of Applicant/Trademark Attorney:

Address:

P.O. Box number:

Country:

E-mail address:

Telephone number:

Registration number(s):

Trademark(s):

Name of the holder

Name:

Address:

Postcode and Place:

Country:

☐ **Licensee** ☐ **Pledgee** ☐ **Seizure holder**

☐ **Change of name**

New name:

☐ **Change of address**

New Address:

Postcode and Place:

Country:

Curaçao,

Signature: Name:

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