



Bureau for Intellectual Property
Curaçao

Request for information conform article 18 of the National Trademark Decree

Name of Applicant/Trademark Attorney:

Address:

P.O. Box number:

Country:

E-mail address:

Telephone number:

☐ Information of the trademark *(Nafl. 75,00 for each trademark)* Nafl.

☐ Information in the name of depositor *(Nafl. 187,50 for each depositor)* Nafl.

Accelerated procedure? *(Nafl. 150,00 for each trademark)* ☐ Yes Nafl.

☐ No
Nafl.

Trademark:

If word mark: indicate clearly in the square

If image: place the reproduction of the mark in the square

Curaçao,

Signature: Name:

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