



Bureau for Intellectual Property  
Curaçao

## Request for cancellation of a trademark or limitation of goods and/or services of a registration

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**Name of Applicant/Trademark Attorney:** .....

**Address:** .....

**P.O. Box number:** .....

**Country:** .....

**E-mail address:** .....

**Telephone number:** .....

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Registration number : .....

Trademark : .....

### **Trademark owner**

Name: .....

Address: .....

Postcode and Place: .....

Country: .....

### **Cancelation of the registration**

At the request of the trademark holder

By court order

### **Limitation of goods and/or services:**

New List: .....

.....

.....

Curaçao, .....

Signature: ..... Name: .....