

## 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: .....

☐ **Cancellation of the registration**

☐ At the request of the trademark holder

☐ By court order

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

New List: .....

.....

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Curaçao, .....

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