

Request for Registration/Cancellation of a License, Pledge or Seizure

Name of Applicant/Trademark Attorney:

Address:

P.O. Box number:

Country:

E-mail address:

Telephone number:

Registration number(s):

Trademark(s):

Applicant

Name:

Address:

Postcode and Place:

Country:

Registration: ☐ License ☐ Pledge ☐ Seizure (Naf. 150,00, for each following trademark Naf. 75,00)

Cancellation: ☐ License ☐ Pledge ☐ Seizure (Naf. 150,00, for each following trademark Naf. 75,00)

Name:

Address:

Postcode and Place:

Country:

Curaçao,

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