

**REQUEST FOR CANCELLATION OF
A TRADEMARK OR LIMITATION OF GOODS
AND/OR SERVICES OF A REGISTRATION**



Name of applicant/Trademark attorney : _____
Address : _____
P.O. Box number : _____
Country : _____
E-mail address : _____
Telephone number : _____

Registration number(s) : _____
Trademark(s) : _____

TRADEMARK HOLDER

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:

Curaçao, _____

Signature: _____

Name: _____