

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS OF THE TRADEMARK HOLDER



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 : _____

CHANGE - (NAf 150,00, FOR EACH SUBSEQUENT TRADEMARK NAf 37.50)

Change of name : _____

Change of address

New address : _____

Postcode and place : _____

Country : _____

Curaçao, _____

Signature: _____

Name: _____

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