

**REQUEST FOR CHANGE IN THE NAME
AND/OR ADDRESS OF A LICENSE, PLEDGE
OR SEIZURE 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 : _____

License Pledge Seizure

(NAf 150,00 FOR EACH FOLLOWING TRADEMARK NAf 37,50)

New name : _____
 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