

**REQUEST FOR EXAMINATION IN
ACCORDANCE WITH ARTICLE 17 OF THE
TRADEMARKS NATIONAL ORDINANCE 1995**



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

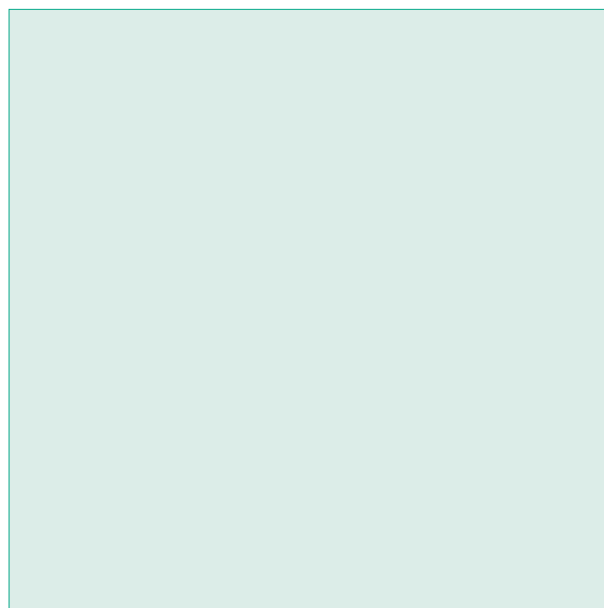
Individual mark Collective mark Form mark

Enumeration of goods and services : _____
The indication of the colour(s) : _____
Specification of goods and services * : _____

Fee - NAf 375,00 for each trademark _____
Additional fee for goods and services higher than the third class - NAf 37,50 _____
Accelerated procedure - NAf 150,00 for each trademark Yes No _____

TRADEMARK

If word mark indicate clearly in the square. If image place the reproduction of the mark in the square.



Curaçao, _____
Signature : _____
Name : _____

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