

**REQUEST FOR INFORMATION CONFORM
ARTICLE 18 OF THE NATIONAL TRADEMARK
DECREE**

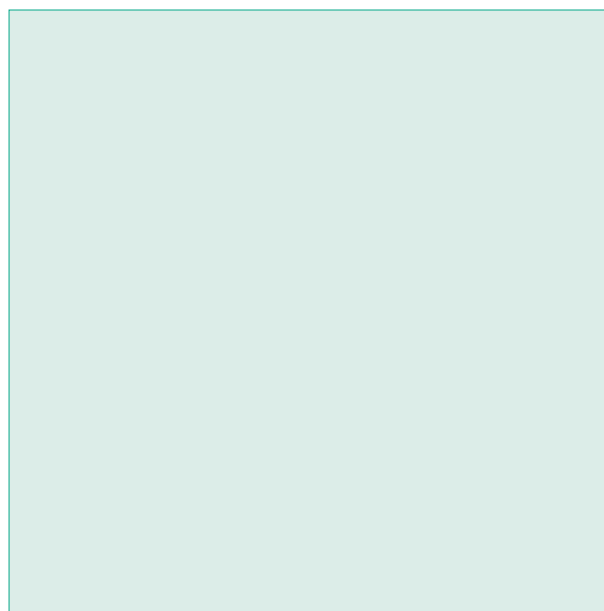


Name of applicant/Trademark attorney : _____
Address : _____
P.O. Box number : _____
Country : _____
E-mail address : _____
Telephone number : _____

Information of the trademark (NAf 75,00 for each trademark) NAF
 Information in the name of depositor (NAf 187,50 for each depositor) NAF
Name depositor : _____
 Accelerated procedure (NAf 150,00 for each trademark) NAF
NAF

TRADEMARK

If word mark indicate clearly below. 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