

**REQUEST FOR REGISTRATION/
CANCELLATION OF A LICENSE,
PLEDGE OR SEIZURE**



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

License Pledge Seizure (NAf 150,00 for each following trademark NAf 75,00)

REGISTRATION

License Pledge Seizure (NAf 150,00 for each following trademark NAf 75,00)

NAME OF LICENSEE / PLEDGEE / SEIZURE

Name : _____
Address : _____
Postcode and place : _____
Country : _____

Curaçao, _____

Signature: _____

Name: _____

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