

RENEWAL OF A TRADEMARK



APPLICANT (NAME AND FIRST NAME OR DENOMINATION AND LEGAL STRUCTURE)

Name : _____

Address : _____

Postal code and Place : _____

Country : _____

E-mail address : _____

REPRESENTATIVE (IF ANY)

Name : _____

Address : _____

No. of representative : _____

E-mail address : _____

TRADEMARK

Registration number : _____

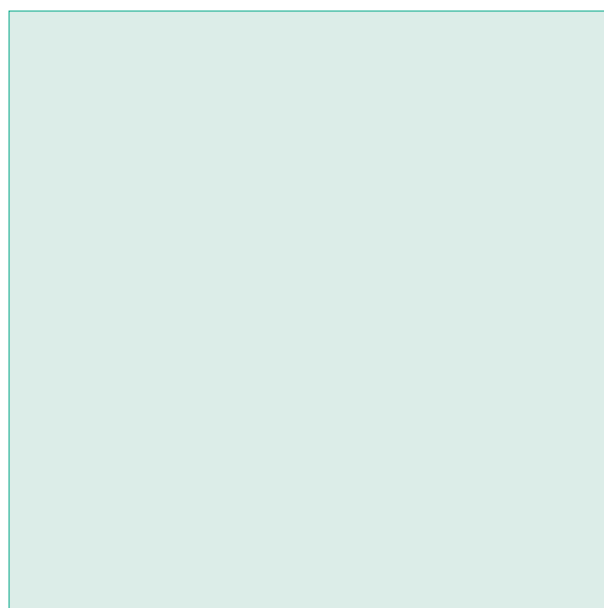
Partial renewal of goods and services Yes No

If so, state number of classes of goods and services here : _____

Color(s) : _____

TRADEMARK

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



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AMOUNT OF FEES RENEWAL

Basic amount Individual mark	NAf
Basic amount collective mark	NAf
Supplementary fee per class of goods & services higher than the third	NAf
Additional right after expiry date	NAf
Supplementary fees for	NAf
Accelerated procedure	NAf
Total	NAf

SPECIFICATION OF GOODS AND SERVICES OF TRADEMARK ARRANGED IN SEQUENCE OF CLASSES:

METHOD OF PAYMENT (EVIDENCE ENCLOSED)

Cash Swipe Deposit Bank account Transfer: MCB **130211603** BDC **17193701**

Curaçao, _____ Signature : _____

In capacity of : _____ Name : _____

FOR BUREAU FOR INTELLECTUAL PROPERTY USE ONLY

Registration number : _____ VD-number: _____

Expiration date : _____ VD-date : _____

Receipt number : _____ Paraph : _____ Date : _____