# REQUEST FOR CHANGE IN THE NAME AND/OR ADDRESS OF A LICENSE, PLEDGE OR SEIZURE HOLDER

Bureau for Intellectual Property Curaçao

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

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

## (Cg 150,00 FOR EACH FOLLOWING TRADEMARK Cg 37,50)

☐ New name :

☐ New address :

Postcode and Place :

Country :

Curaçao, _____

Signature: _____ Name: _____