

REQUEST FOR INFORMATION CONFORM ARTICLE 18 OF THE NATIONAL TRADEMARK DECREE



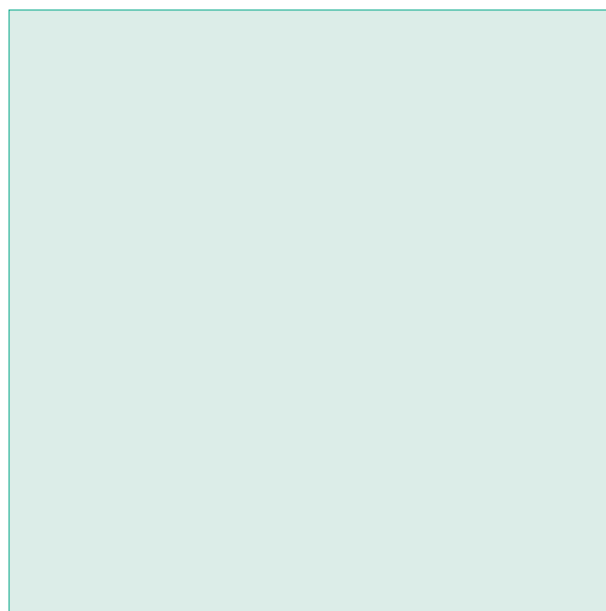
If the space on the form is insufficient, please list the relevant information on an attachment

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

<input type="checkbox"/> Information of the trademark (Cg 75,00 for each trademark)	Cg
<input type="checkbox"/> Information in the name of depositor (Cg 187,50 for each depositor)	Cg
Name depositor :	
<input type="checkbox"/> Accelerated procedure (Cg 150,00 for each trademark)	Cg
	Cg

TRADEMARK

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



Curaçao, _____

Signature:

Name: _____