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

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	:
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CANCELLATION

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

REGISTRATION

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

NAME OF LICENSEE / PLEDGEE / SEIZURE

Name	:
Address	:
Postcode and place	:
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Curaçao, _____

Signature: _____ Name: _____