REQUEST FOR CHANGE OF NAME AND/OR ADDRESS OF THE TRADEMARK HOLDER

Bureau for Intellectual Property Curaçao

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	:

CHANGE - (NAf 150,00, FOR EACH SUBSEQUENT TRADEMARK NAf 37.50)

☐ Change of name :

☐ Change of address

New address	:
Postcode and place	:
Country	:

Curaçao, _____

Signature: _____ Name: _____

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