

**REQUEST FOR EXAMINATION IN
ACCORDANCE WITH ARTICLE 17 OF THE
TRADEMARKS NATIONAL ORDINANCE 1995**



** 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 : _____

Individual mark Collective mark Form mark

Enumeration of goods and services : _____

The indication of the colour(s) : _____

Specification of goods and services * : _____

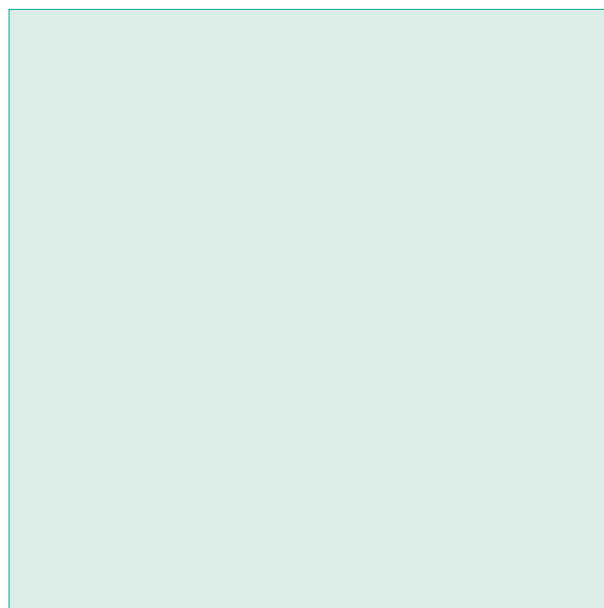
Fee - NAf 375,00 for each trademark _____

Additional fee for goods and services higher than the third class - NAf 37,50 _____

Accelerated procedure - NAf 150,00 for each trademark Yes No _____

TRADEMARK

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



Curaçao, _____

Signature :

Name : _____