

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



*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 : \_\_\_\_\_

**CANCELLATION**

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

**REGISTRATION**

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

**NAME OF LICENSEE / PLEDGEE / SEIZURE**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Postcode and place : \_\_\_\_\_  
Country : \_\_\_\_\_

Curaçao, \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_