# **RENEWAL OF A TRADEMARK**



# APPLICANT (NAME AND FIRST NAME OR DENOMINATION AND LEGAL STRUCTURE)

Name	
Address	
Postal code and Place	_
Country	_
E-mail address	_

## **REPRESENTATIVE (IF ANY)**

Name	:
Address	:
No. of representative	:
E-mail address	:

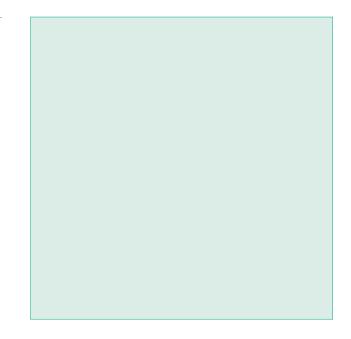
### TRADEMARK

Registration number :			
Partial renewal of goods and services	🗌 Yes	No	
If so, state number of classes of goods and s	services here	:	

Color(s)

### TRADEMARK

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



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# AMOUNT OF FEES RENEWALBasic amount Individual markNAfBasic amount collective markNAfSupplementary fee per class of goods & services higher than the thirdNAfAdditional right after expiry dateNAfSupplementary fees forNAfAccelareted procedureNAfTotalNAf

### SPECIFICATION OF GOODS AND SERVICES OF TRADEMARK ARRANGED IN SEQUENCE OF CLASSES:

# METHOD OF PAYMENT (EVIDENCE ENCLOSED)

🗌 Cash	Swipe	🗌 Deposit Bank account	Transfer:	MCB <b>130211603</b>	BDC <b>17193701</b>			
Curaçao,			Signature :					
curuçuc,			orginature .					
In capacity of	:		Name :					
			-					
FOR BUREAU FOR INTELLECTUAL PROPERTY USE ONLY								
Registration r	number :		VD-number:					
Expiration dat	te :		VD-date :					
Receipt numb	per :		Paraph :	Date	:			