

**Renewal of a Sint Maarten trademark
registration**

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Mail to: trademarks@bip.sx
www.bip.sx

1 Contact information

Reference

•

Contact person

•

Telephone

•

E-mail

•

2 Bank details (see explanatory notes)

Bank account number

•

In the name of

•

3 Applicant

Surname and first name, or corporate name and legal form

•

Address

•

House number

•

Zip code

•

City

•

Country

•

P.O. Box (optional, see explanatory notes)

•

Zip code

•

City

•

Country

•

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4 Representative

Name

•

Company name *(if applicable)*

•

Address

•

House number

•

Zip code

•

City

•

Country

•

If the representative introducing the request for renewal is not yet included as such in the trademark registration and if you wish to do so, please mark the appropriate box. *(optional, see the explanatory notes)*

Yes

No

5 Trademark details

Registration number

•

Trademark

•

6 Renewal for a limited list of goods and services *(optional, see explanatory notes)*

Yes

No

If yes, list the numbers of the classes and the goods and/or services:

•

Please note: The list of goods and/or services has to be in English. If the list of goods and/or services is not in English please add the translation as an attachment to this form.

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7 Fees

Renewal

XCG

Basic fee for an individual trademark:

Basic fee for a collective trademark:

Additional fee for each class in addition to the third class:

To calculate this fee, please indicate the total number of classes

Additional fee for submission of request and/or
payment within six months of expiration date

Total

8 Payment (see explanatory notes)

I will transfer the full amount to your account

Debiting your current account with BOIP

BOIP number:

9 Attachment(s) (see explanatory notes)

•

10 Signature

Name

Date

•

•

Position

Signature

•

•