

## Form 6 | Notification of cessation of carrying on business under a business name

Section 9 Business Names Act [Cap. 211]

### Note

If there is insufficient space on the form to supply the required information, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly.

**For office use only**

Document number

*Place barcode here*

### The business name registered is:

### The business name registration number is:

### The business name registration date is:

## 1. Notification of cessation of business

The registered users of the business name confirm and hereby notify the registrar that they have ceased to carry on business under the business name.

### Date of cessation of business:

## 2. Applicant signatures

By signing below, the applicant(s) declares to the best of their knowledge and belief that the information provided in this application is correct.

- This application must be signed, in the case of an individual, by that individual; in the case of a firm, by any partner of the firm; in the case of a corporation, by a director or secretary of the corporation; and in the case of a group, every individual, a partner of every firm, or a director or secretary of every corporation comprised in the group.*
- Where there is more than one applicant, each must provide their full legal name and postal address. Email will be the main form of communication, therefore we request you provide a regularly used email address. If there are more than two applicants, please separately attach the signature sheets.*

|                                |                         |
|--------------------------------|-------------------------|
| Full legal name of applicant*: | Signature: .....        |
| Postal address of applicant:   | Date: ...../...../..... |
| Email address of applicant:    |                         |

|                                |                         |
|--------------------------------|-------------------------|
| Full legal name of applicant*: | Signature: .....        |
| Postal address of applicant:   | Date: ...../...../..... |
| Email address of applicant:    |                         |

*\* In the case of a natural person, please give first name(s) followed by surname in BLOCK letters.*

## 3. Lodged by

|          |
|----------|
| Name:    |
| Address: |

### Other contact details:

|                   |
|-------------------|
| Telephone:        |
| Email (optional): |