

GUJRAT GOVERNMENT GAZATTE, EX., 3-10-2019

Form-I

(See rule 10 (2))

INTIMATION OF CLOSING OF BUSINESS

(For establishment engaging less than ten workers)

To,
The Inspector
Office address.

Subject: Closing of business and removal of the name of the Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the e Establishment as per the details mentioned below :-

I/We request you to remove the name of our e Establishment from your register.

Details of Establishment

1	Intimation receipt no.	:-			
2	Name of the Establishment	:-			
3	Postal address of place of Establishment	:-			
4	Registered /principal office address, if any	:-			
5	Type of organization	:-	Proprietor ,partnership ,llp Company/trust/society/board		
6	(A)Category of business (B)Nature of business	:-			
7	Name & Residential address of the Proprietor	:-			
8	Details of the partner / director/trust / Boaed member/membar	:-			
9	Name and residential address of Authorized person , if any	:-	Name and E- mail	Aadhar card no	Mobile No
10	Name and Residential Address of Managers, if any	:-	Name and E- mail	Aadhar card no	Mobile No
11	Manpower Details	:-	Men	Women	Total
12	Date of closing of business	:-			
13	Reasons for closing of business	:-			

Self Declaration

I/ We here by solemnly affirm and state that the business which I/ We head started was not banned or prohibited by any acts rules law or orders of any court of law or any competent authority and premises where I/ We were conducting the said business was free from violation of any acts, rules, orders of any court of law or any competent authority.

I/ We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. if the information is found to be false , I shall be liable for prosecution and punishment under the Indian penal code (45 to 1860) and / or other law applicable thereto.

Date:

Place:

Name and signature of Applicant: