

CORPORATE AFFAIRS COMMISSION



CAC/BN/6

NOTICE OF CESSATION OF BUSINESS

Pursuant to Section 661

Reg. No.:

Name of Business:

Date of Registration:

Reason for Cessation
of Business:

Contact Addresses of
Proprietors (if different
from Address of Business):

Dated this

of

Name, Tel. No. and signatures of all proprietors in the business:

Name & Tel No.

Signature & Date

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Note: Attestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above (disclosing name, designation, address and telephone number) must be endorsed if any person signing is a minor

Presented for filing by:

Name: _____ Accreditation No. (if applicable): _____

Address: _____

Tel. No. & E-mail: _____ Signature & Date: _____