

Form 5 | Application for cancellation of business licence

Section 11, Business Licence Act 2002

Note

If there is insufficient space on the form to supply the information required, 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 in BLOCK letters.

For Official Use Only  
Document Number

Place barcode here

1. Name of business number

Business licence registration

2. Date of cessation of business

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3. Signed by authorised person(s)

I/We declare the above information is true and complete. By signing this Application I/We request that the Registrar cancel the business licence for this business. I/We understand that if it is subsequently discovered that any statement contained herewith is false or misleading, or that relevant information has been withheld, that I/We may be subject to prosecution.

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

.....

Designation:

☐ Owner or

☐ Authorised person

Date:

/

/

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

.....

Designation:

☐ Owner or

☐ Authorised person

Date:

/

/

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

.....

Designation:

☐ Owner or

☐ Authorised person

Date:

/

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Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

.....

Designation:

☐ Owner or

☐ Authorised person

Date:

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4. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email (optional):