

FORM – H

(See rule 10(1))

INTIMATION OF CLOSING OF BUSINESS

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
establishment as per the details mentioned below: -

I/We request you to cancel our Registration number and remove the name of our
establishment from your records.

Details of establishment:-

1	Registration Certificate no.	:-	
2	Validity period	:-	
3	Name of the Establishment	:-	
4	Postal Address of place of establishment	:-	
5	Registered/ principal office address, if any.	:-	
6	Type of organization	:-	Proprietor, Partnership, LLP, Company/Trust/ Society/ Board
7	(A) Category of business (B) Nature of business	:-	

8	Name and residential address of the Proprietor	:-			
9	Details of the Partner / Director/ Trust/Board Member/Member	:-			
10	Name and residential address of Authorized person, if any.	:-	Name	E-Mail	Mobile No.
11	Name and residential address of Manager, if any .		Name	E-Mail	Mobile No.
12	Manpower Details	:-	Men	Women	Total
13	Date of closing of business	:-			
14	Reasons for closing of business	:-			

Self- Declaration

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 of 1860) and /or any other law applicable thereto.

Date:

Place:

Name and Signature of Applicant.