

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  
establishment as per the details mentioned below :-

I/We request you to remove the name of our 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/Board Member/Member	:-	
9	Name and Residential Address of Authorized person, if any.	:-	Name      E-Mail      Mobile No.
			Name      E-Mail      Mobile No.

10	Name and Residential Address of Manager, if any.	:-			
11	Manpower Details	:-	Men	Women	Total
12	Date of closing of business	:-			
13	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