

The Business Names Registration Act
DISSOLUTION OF A BUSINESS NAME



PLEASE PRINT OR TYPE.

1) Business name		
2) Name and address to which duplicate should be returned (include postal code)	3) Contact person, if different from registrant	
	Tel. (8:00-4:30)	

4) I/(We) stopped carrying on business under this name on

(Date)

Declaration:
No other firm, person or corporation was associated in partnership with the registrant(s).

5) Registrant(s) on file		
Full name	Residence address	Signature

A schedule is attached with the names, addresses and signatures of additional registrants.

OFFICE USE ONLY
Date of Filing: _____
Registration Number: _____
Business Number: _____

Cash Register Endorsement