

This is to advise that the business carried on under the name of

\_\_\_\_\_ *(business name)*

ceased to operate on \_\_\_\_\_  
*(year / month / day)*

Please revoke the Certificate of Registration.

|   |                    |                              |
|---|--------------------|------------------------------|
| <b>Declaration</b>  |                    |                              |
| All partners in the business (or the sole proprietor) must sign this declaration. |                    |                              |
| Signature(s) of sole proprietor or partners:                                      |                    |                              |
| <i>(print or type name)</i>   | <i>(signature)</i> | <i>(year / month / date)</i> |
| _____   | _____              | _____                        |
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