### Form – ‘J’ (*See* rule 11(1))

**INTIMATION OF CLOSING OF BUSINESS**

(For Establishment engaging more than ten workers)

To,

The Facilitator, 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 | Address of place of establishment | :- |  | | |
| 5 | Registered/ principal office address, if  any. | :- |  | | |
| 6 | Type of organization | :- | Proprietor, Partnership, LLP,  Company/Trust/ Society/ Board | | |
| 7 | 1. Category of business 2. 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 and  e-mail | Aadhar Card  No. | Mobile No. |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 11 | Name and residential address of Manager, if any . |  | Name and  e-mail | Aadhar Card  No. | Mobile No. |
|  |  |  |  |
| 12 | Manpower Details | :- | Men | Women | Total |
|  |  |  |  |
| 13 | Date of closing of business | :- |  | | |
| 14 | Reasons for closing of business | :- |  | | |

### 15 Self- Declaration

I/ We hereby solemnly affirm and state that the business which I/we had started was not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I was/ we were conducting the said business was free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

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/ We are fully aware about the consequences of giving false information. If the information is found to be false, I /We 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.