

LODGED BY:

NAME:

ADDRESS:

PHONE:

DOCUMENT NO.
(OFFICE USE ONLY)

REG. BY:

ON:

ABN 41 562 230 918



AUSTRALIAN CAPITAL TERRITORY
CESSATION OF BUSINESS NAME
BUSINESS NAMES ACT 1963

BA5

1. BUSINESS NAME

[Empty box for Business Name]

2. REGISTERED NUMBER

F

3. DATE OF CESSATION

[Empty box for Date of Cessation]

4. SIGNATURES

A) INDIVIDUAL PROPRIETOR

..... FULL NAME IN BLOCK LETTERS SIGNATURE
..... FULL NAME IN BLOCK LETTERS SIGNATURE
..... FULL NAME IN BLOCK LETTERS SIGNATURE

B) CORPORATE PROPRIETOR

..... CORPORATION NAME CORPORATION NAME
..... SIGNATURE SIGNATURE
DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> MANAGER <input type="checkbox"/>	DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> MANAGER <input type="checkbox"/>

PLEASE CAREFULLY READ INSTRUCTIONS OVERLEAF

INSTRUCTIONS FOR COMPLETION

- * Collection of information by this form is authorised by the Business Names Act 1963, will be used for the purposes of that Act and will be available for search pursuant to Sections 22 & 23 of that Act. It will also be made available to government agencies for statistical and administrative purposes and to non-government persons and organisations. A fee may apply to any or all of the above.
- * All typewriting/hand written information should be clear and legible.
- * Alterations should not be made by erasure but by scoring through with a pen and the words substituted written above them verified by initials in the margin.

Item 4.* This document **must** be signed by **all** proprietors. Where a corporation is the listed proprietor only one signature for that corporation is required.

Attorney- If this document is executed by an attorney pursuant to a registered power of attorney, it must set out the full name of the attorney and the form of execution must indicate the source of his/her authority eg "AB by his/her attorney XY pursuant to Power of Attorney ACT registered No of which he/she has no notice of revocation".

Corporation- If this document is executed by a corporation the person must state the corporations full name, the ACN and the position held eg Director/Secretary/Manager.