



CESSATION OF BUSINESS UNDER BUSINESS NAME

BN

Date Received

Instructions

Please make sure you complete and sign all relevant sections. Send this form to GPO Box 3111 Brisbane Qld 4001 or your local Office of Fair Trading or fax it to (07) 3246 1532. Check the White Pages, call 13 13 04 or see www.fairtrading.qld.gov.au for local office details. Please photocopy this form if more signatures are required.

Please Note

You must complete this form when your business name is no longer required because the business has ceased. Complete Business Names Act Form 4 if another person/s will continue the business under this business name.

No fee payable on this form.

Lodging party name and address
This section must be completed.

Name
Address
State Postcode
Phone Fax

Part 1 - Business Details

Indicate the registered business name of the business that is ceasing.

Business Name
Registration Number BN

Part 2 - Notification

The Business Names Act 1962 requires this to be completed.

Business ceased to be carried on in Queensland under the above-mentioned business name on ... day of ... 20 ... by the person or all of the persons to whom the business name is registered.

Part 3 - Signature

This form must be signed by each person who was carrying on business under the business name immediately before it ceased to operate.

Individual Proprietors

(i) Full name Signature Date
(ii) Full name Signature Date

Where a signature on behalf of a corporation is required the full corporate name, the full name of the signatory and position held must be stated. The signatory must be a director or secretary.

Corporate Proprietors

(i) Full name Signature Date
Position held of