



**Notice of Cessation of  
Business Under Business Name**

*Business Names Act 1962 s.12(3) Business Names Regulations 1962*

**FAXED FORMS  
CANNOT BE  
ACCEPTED**

For Office Use Only

LUN		
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**PLEASE USE BLOCK LETTERS**

**1. REGISTERED  
BUSINESS NAME**

**2. REGISTRATION  
NUMBER**

**3. NOTICE OF  
CESSATION**

I/we give notice that the business formerly carried on under the above business name has ceased to be carried on in Western Australia as from and including

the                      day of                      20

**4. SIGNATURES OF ALL  
PERSONS IN  
RELATION TO WHOM  
THE BUSINESS NAME  
IS REGISTERED**

**Individuals**

Surname & given names

Signature: \_\_\_\_\_ Date: / /

Surname & given names

Signature: \_\_\_\_\_ Date: / /

Surname & given names

Signature: \_\_\_\_\_ Date: / /

Surname & given names

Signature: \_\_\_\_\_ Date: / /

**Corporations**

[the officer signing must be a director or secretary of the corporation]

Corporation name  ACN

Officer's full name  Position:

Officer's signature  Date: / /

Corporation name  ACN

Officer's full name  Position:

Officer's signature  Date: / /

This Statement is to be signed by each individual or a Director/Secretary of each corporation who is registered as carrying on business. In the case of a deceased person the statement must be signed by their legal representative.

**Lodged by**

Full name

Address  Postcode

Telephone

The Forrest Centre  
219 St Georges Terrace  
Perth WA 6000

Locked Bag 14  
Cloisters Square  
WA 6850

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businessnames](http://www.commerce.wa.gov.au/businessnames)