



Cessation of business under business name

BN

OFFICE USE ONLY

Date received

Instructions

Please make sure you complete and sign all relevant sections. Send this form to GPO Box 3111 Brisbane Qld 4001 or fax it to 07 3008 8225. Call 13 13 04 or see www.fairtrading.qld.gov.au for other contact 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 persons will continue the business under this business name.

Fees:

No fee payable on this form.

Lodging party name and address

This section must be completed.

Preferred title [] Mr [] Mrs [] Ms [] Miss Other (specify)
First name Last name
Address
Suburb State [][] Postcode [][][]
Phone () Fax ()
Email address

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 signed [][] / [][] / [][][][]
(ii) Full name
Signature Date signed [][] / [][] / [][][][]

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

Full name
Signature Date signed [][] / [][] / [][][][]
Position held of
(director/secretary) (name of corporation)