



D\PM7/Shop Establishment/Shop-AHK-5

(Form must be fill in Capital Letter)

Vadodara Municipal Corporation
Gujarat Shops and Establishment (Regulation of
Employment and Condition of Service) Act-2019

Form "H"

[See Rule 10 (1)]

INTIMATION OF CLOSING OF BUSINESS

To, The Inspector,

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 close th 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	Postal Address of Place of Establishment			
5	Registered / principal Office Address, if any			
6	Type of organization	Proprietor, Partnership, LLP, Company / Trust / Society/ Board		
7	(A) Category of business			
	(B) 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	E-mail	Mobile No.

11	Name and Residential Address of Manager, if any	Name	E-mail	Mobile No.
12	Manpower Details	Men Women Total		
13	Date of Closing of Business			
14	Reasons for Closing Business			

Self Declaration

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