



SURAT MUNICIPAL CORPORATION

Gujarat Shops and Establishments (Regulation of Employment and
Condition of Service) Act, 2019

Form-H

(See rule 10(1))

INTIMATION OF CLOSING OF BUSINESS

To,
The Inspector,
Office address.

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 closed the 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 & 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 of 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.