



SURAT MUNICIPAL CORPORATION

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

Form-I

(See rule 10(2))

INTIMATION OF CLOSING OF BUSINESS

(For establishment engaging less than ten workers)

To,
The Inspector,
Office address.

Subject: Closing of business and removal of the name of 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 remove the name of our establishment from your register.

Details of establishment

1	Intimation Receipt no.	:-	
2	Name of the Establishment	:-	
3	Postal Address of place of establishment	:-	
4	Registered/ principal office address, if any.	:-	
5	Type of organization	:-	Proprietor, Partnership, LLP, Company/ Trust/Society/Board
6	(A) Category of business (B) Nature of business	:-	
7	Name & Residential Address of the Proprietor	:-	

8	Details of the Partner/ Director/ Trust/Board Member/Member	:-			
9	Name and Residential Address of Authorized person, if any.	:-	Name	E-Mail	Mobile No.
10	Name and Residential Address of Manager, if any.	:-	Name	E-Mail	Mobile No.
11	Manpower Details	:-	Men	Women	Total
12	Date of closing of business	:-			
13	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.