



# AMDAVAD MUNICIPAL CORPORATION

Gujarat Shops and Establishments

(Regulation of Employment and Conditions 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 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 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 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