



AMDAVAD MUNICIPAL CORPORATION

Gujarat Shops and Establishments

(Regulation of Employment and Conditions 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,

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 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 and 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 Business	:-			
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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