

Notice of Cessation of Business Name

DOCUMENT LODGED BY		OFFICE USE ONLY
Surname:	Given name(s):	BN:
Postal Address:	Postcode:	Lun:
Phone:	Email:	Date:

BUSINESS NAME: (Insert full business name to be cancelled)	Registration No. (not ABN)
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Notice is hereby given that on the _____ day of _____ 20____ business ceased to be carried on in the Northern Territory under the above-mentioned business name by the person(s) or corporation in relation to whom the business name is registered.

Full name of Proprietor(s) where individual natural person(s)

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

OR

Name of Proprietor Corporation: (including incorporated association, other body corporate, co-op etc)		
Name: (director/company secretary/public officer)	Signature:	Date:

This statement is to be signed by each person who was carrying on business under the business name immediately before the cessation or by some person authorised, in writing, to sign the statement on their behalf. In the case of a deceased person the statement must be signed by a personal representative. In the case of a Corporation, the statement is to be signed by a Director or Company Secretary of the Corporation. If insufficient space for all detail, add additional page(s) providing information in format as shown. No fee applies for lodgement of this form.

PRIVACY STATEMENT

Department of Justice complies with the Information Privacy Principles scheduled in the [Information Act](#).

Territory Business Centres

Darwin
Development House
76 The Esplanade
Darwin NT 0800
Ph: 08 8982 1700

Katherine
1 Randazzo Building
18 Katherine Terrace
Katherine NT 0850
Ph: 08 8973 8180

Tennant Creek
Shop 2, Barkly House
Cnr Paterson & Davidson Sts
Tennant Creek NT 0860
Ph: 08 8962 4411

Alice Springs
Peter Sitzler Building
67 North Stuart Highway
Alice Springs NT 0870
Ph: 08 8951 8524

Territory Business Centres
Postal Address
GPO Box 9800
Darwin NT 0801
territory.businesscentre@nt.gov.au