



Notice of Cessation of a Business Name

form 5

Please note

Consumer and Business Services (CBS) undertakes the administration of the *Business Names Act 1996* on behalf of the Corporate Affairs Commission.

Fees

No fee is charged for the notice of cessation of a registered business name.

Sending by post

Consumer and Business Services
Occupational Licensing and Registration
GPO Box 1719, Adelaide SA 5001

Sending by fax

(08) 8204 9771

Delivering in person

Consumer and Business Services
Occupational Licensing and Registration
Chesser House, 91-97 Grenfell Street
Adelaide SA 5000

Transactions and renewals are also available through
Service SA customer service centres in:

Berri, Gawler, Kadina, Mount Gambier, Murray Bridge,
Naracoorte, Pt Augusta, Pt Lincoln, Pt Pirie and Whyalla.

For further information

Visit our website www.cbs.sa.gov.au or phone **131 882**.

By signing this form, the applicant is declaring the information within this application for cancellation is correct.

Do not use this form if the business has been sold and the new proprietors wish to continue to use the business name. In that case, a 'Notice of Change in Proprietors of a Business Name' form must be completed.

Please note that all business information stored in our office is on a public register and the information is available to the public for a prescribed fee. For further information visit our website at www.cbs.sa.gov.au.



office use only

Document ID	
LUN No.	
Amount \$	Cash / Cheque / Card / MO

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Please note: incomplete forms cannot be accepted and will be returned

1 Full name of individual to be contacted regarding cancellation (does not need to be applicant)

Full name

Street

Suburb

State Postcode Phone

2 Business name

Please state your full registered business name and registered number. If you are unsure what your name and number are, please refer to your certificate of registration.

Please print clearly using block letters. (Be sure to include all spaces and special characters that are in your name)

Registration number

3 Date you ceased trading

Please state the date you ceased trading under the business name. The proprietor(s) of the above registered business name ceased to carry on business in South Australia under the above business name on

Once CBS cancels the business name the undersigned parties will not be able to trade under the business name.

4 Proprietor's signature

Please list all proprietors currently registered under this business name on the back of this form. If you have more than five proprietors please photocopy this form.

- Individual proprietors - each proprietor must sign this form.
- Statutory Body - the Chairperson, Executive Officer, or other authorised person must sign.
- Body Corporate (eg company, association or co-operative) - a director or a person duly authorised by the company/body corporate must sign this form.

All proprietors must sign this form before CBS will cancel the registration. If a proprietor cannot sign this form for any reason please contact us on 131 882 to obtain advice.

Cancellation of a business name application

4.1	Proprietor's full name	<input type="text"/>
		<input type="text"/>
	ACN (if body corporate)	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text" value="/ /"/>
	Position held	<input type="text"/>
	Phone number	<input type="text"/>
4.2	Proprietor's full name	<input type="text"/>
		<input type="text"/>
	ACN (if body corporate)	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text" value="/ /"/>
	Position held	<input type="text"/>
	Phone number	<input type="text"/>
4.3	Proprietor's full name	<input type="text"/>
		<input type="text"/>
	ACN (if body corporate)	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text" value="/ /"/>
	Position held	<input type="text"/>
	Phone number	<input type="text"/>
4.4	Proprietor's full name	<input type="text"/>
		<input type="text"/>
	ACN (if body corporate)	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text" value="/ /"/>
	Position held	<input type="text"/>
	Phone number	<input type="text"/>
4.5	Proprietor's full name	<input type="text"/>
		<input type="text"/>
	ACN (if body corporate)	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text" value="/ /"/>
	Position held	<input type="text"/>
	Phone number	<input type="text"/>