

# REGISTRATION OF BUSINESS NAMES ACT

## NOTICE OF CESSATION OF REGISTERED BUSINESS

(Pursuant to Section 15 of the Act)

## SECTION A. BUSINESS INFORMATION

## 1. NAME OF BUSINESS

[illegible]**1A. BUSINESS REGISTRATION NUMBER:**

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## 2. PRINCIPAL ADDRESS

[illegible]

### 3. CONTACT NUMBER

Telephone				—				
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Fax				—				
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### 3. BUSINESS TAXPAYER REGISTRATION NUMBER (TRN)

[illegible]

## SECTION B. PARTICULARS RELATIONG TO CLOSURE

#### 4. REASON FOR CESSATION (CLOSURE)

[illegible]

## 5. DATE OF CESSATION (CLOSURE)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Day                  Month                  Year**

**SECTION C. PARTICULARS OF INDIVIDUALS AUTHORIZED TO NOTIFY OF CLOSURE**

I, hereby declare all statement of particulars regarding the closure of the registered business furnished on this form to be true to the best of my (our) knowledge, information and belief.

**1. NAME OF INDIVIDUAL #1:**

SURNAME:	CHRISTIAN NAME:	MIDDLE NAME(S)
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**1A. INDICATE CAPACITY:**

- ☐ BUSINESS OWNER  
☐ DIRECTOR  
☐ SECRETARY

SIGNATURE \_\_\_\_\_

**1B. TAXPAYER REGISTRATION NUMBER (TRN)**

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DATE \_\_\_\_\_

**2. NAME OF INDIVIDUAL #2:**

SURNAME:	CHRISTIAN NAME:	MIDDLE NAME(S)
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**2A. INDICATE CAPACITY:**

- ☐ BUSINESS OWNER  
☐ DIRECTOR  
☐ SECRETARY

SIGNATURE \_\_\_\_\_

**2B. TAXPAYER REGISTRATION NUMBER (TRN)**

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DATE \_\_\_\_\_

Affix company seal  
(where applicable)

**FOR OFFICIAL USE ONLY**

Indicate the supporting documentation presented along with application by ticking relevant box (es):

- ☐ VALID IDENTIFICATION. State Type \_\_\_\_\_  
☐ VERIFICATION OF ADDEESS  
☐ PROOF OF CERTIFICATION ATTACHED  
☐ OTHER. Please certify \_\_\_\_\_  
☐ VERIFICATION OF TRN  
☐ WORK PERMIT

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Officer Signature

Day	Month	Year
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Date

**INSTRUCTIONS FOR COMPLETION OF BN 6**

**This form is to be used for giving notice to the Registrar of the cessation of registered business by individuals or corporation.**

**GENERAL INFORMATION**

All the fields on the form are to be filled out with the relevant information except where not applicable, the words “NONE” or N/A should be written. If the space provided is insufficient to contain all the required information, the remaining information must be set out in a schedule and annexed accordingly. Each schedule should be numbered sequentially

Any document lodged with the Registrar must:

- Be on clean, white, good quality letter size paper (8.5 in. x 11 in) with 0.5 in. margins at the top, bottom and both sides
- Be typewritten in minimum font size 12 or handwritten clearly in block capital with black or blue permanent ink.
- Be fastened securely at the top left hand corner
- Free of correction fluid. Any errors should be struck through and initialled by the applicant.

**SECTION A: PARTICULARS OF BUSINESS**

In this section, set out particulars relating to business:

1. **Registered Business Name:** Name of the business as it appears on the certificate issued by Office of Registrar of Companies.
2. **Business registration number:** Number found at the top of the certificate issued by the Registrar of companies. e.g 1423/1994.
3. **Principal Address:** include street, district, town, post office and parish.
4. **Taxpayer Registration Number for the business (TRN):**

**SECTION B: PARTICULARS OF CLOSURE**

In this section, set out particulars relating to the closure and date of closure

5. **Reason for closure:** Describe clearly the reason for closure e.g death of individual, no longer trading, migrating etc.
6. **Date of closure:** Indicate the date the business ceased to carry on business.

Note also that you are required to present the existing certificate for a business name that has not expired.

**SECTION C: PARTICULARS OF INDIVIDUAL (S) AUTHORIZED TO REGISTER THE CLOSURE OF BUSINESS**

In this section, set out particulars relating to individual(s) authorized to register change in particulars of the business:

1. **Applicant's full name:** *include surname, Christian and middle name*
2. **Capacity:** indicate whether business owner, secretary, director or other authorized persons. The statement must be signed by-
  - (a) Individuals in the case of particulars registered by an individual (sole trader) except in the case of the death of the individual when it is signed by the personal representative of the deceased
  - (b) All individuals who are partners at the time it ceased to carry on business, in the case of a partnership
  - (c) By director or secretary in the case of particulars registered by a corporation
3. **Taxpayer Registration Number (TRN)**

This Notice must in all cases **be signed** by the individual(s) giving notice of closure and must be sent by post, electronic means or delivered, within six months after the business has ceased to be carried on, along with supporting documents and prescribed fees to:

**Companies Office of Jamaica**

**1 Grenada Way**

**Kingston 5**