



FORM 4

TURKS AND CAICOS ISLANDS
BUSINESS NAMES (REGISTRATION) ORDINANCE

NOTICE OF DISCONTINUATION OF REGISTRATION

SECTION A: BUSINESS INFORMATION

NAME OF THE BUSINESS

[Empty text box for business name]

REGISTRATION NO.

[Empty text box for registration number]

SECTION B: PARTICULARS RELATING TO CLOSURE

REASON FOR DISCONTINUATION OF REGISTRATION

[Large empty text box for reason for discontinuation]

DATE OF DISCONTINUATION

(dd/mmm/yyyy):

[Empty text box for date of discontinuation]

I, hereby declare that the information provided in this form is, to the best of my knowledge and belief, accurate.

Name

[Empty text box for name]

Signature

[Empty text box for signature]

First

[Empty text box for first name]

Last

[Empty text box for last name]

Position

[Empty text box for position]

Date

[Empty text box for date]

(State whether Proprietor, Partner, Director, Manager, Secretary, etc.)

Dd/mmm/yyyy

PARTICULARS OF INDIVIDUAL FILING FORM WITH THE REGISTRAR

[Empty text box for registrar details]

FIRST NAME

MIDDLE NAME

LAST NAME

Telephone No.

[Empty text box for telephone number]

Cellphone No.

[Empty text box for cellphone number]

Email Address

[Empty text box for email address]