



COMPANIES REGISTRY
FORM 35

**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 2017
SECTION 251 (1)
NOTICE OF COMPLETION OF
LIQUIDATION**

COMPANY DETAILS

Registration Number

Company Name

LIQUIDATOR'S DECLARATION

I/WE, GIVE NOTICE THAT THE LIQUIDATION OF THE ABOVE NAMED COMPANY HAS BEEN COMPLETED ON

DD/MM/YYYY

LIQUIDATOR'S DETAILS (where the liquidator is an individual the name must be represented as FIRST MIDDLE LAST)

FULL LEGAL NAME

FULL FORMER NAME (S) - Individuals

USUAL ADDRESS or

STREET

REGISTERED OFFICE
ADDRESS

TOWN/CITY

STATE/ISLAND

P.O. BOX

ZIP CODE

COUNTRY

THE FOLLOWING ARE ATTACHED TO THIS FORM

LIQUIDATOR'S NOTICE OF COMPLETION OF LIQUIDATION

DETAILS OF PERSON FILING APPLICATION:

NAME: _____

JOB TITLE/POSITION: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE FILED: _____

RECEIVED BY: _____

ACTION TAKEN: _____

DATE ACTION TAKEN: _____

NOTE:

THE REGISTRAR HAS NO DUTY EXCEPT TO THE EXTENT PROVIDED BY THE ORDINANCE TO VERIFY THAT THE ARTICLES OR OTHER DOCUMENTS COMPLY WITH THE ORDINANCE. COMPANIES ARE REMINDED OF THEIR LEGAL REQUIREMENT TO MAINTAIN PROPER AND UPDATED RECORDS. THE COMMISSION EXPECTS THAT DOCUMENTS FILED WITH THE REGISTRY WILL BE ACCURATE.
