# Business Names Act Form 5

Queensland Government

## Cessation of business under business name

**BN.....**

*Business Names Act 1962*

**This form is effective from 1 July 2011**

**OFFICE USE ONLY**

**Date received**

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**Fees:**

No fee payable on this form.

### Instructions

Please make sure you complete and sign all relevant sections. Send this form to GPO Box 3111 Brisbane Qld 4001 or fax it to 07 3008 8225. Call **13 QGOV** (13 74 68) or see **www.fairtrading.qld.gov.au** for other contact details. Please photocopy this form if more signatures are required.

### Please note

You must complete this form when your business name is no longer required because the business has ceased. Complete *Business Names Act Form 4* if another persons will continue the business under this business name.

**Lodging party name and address**

This section must be completed.

Correspondence regarding this form will be sent to the lodging party.

Preferred title ◯ Mr ◯ Mrs ◯ Ms ◯ Miss Other (specify) .....

First name ..... Last name .....

Address .....

Suburb ..... State ☐☐☐ Postcode ☐☐☐☐

Phone ( ) ..... Fax ( ) .....

Email address .....

## Part 1—Business details

Indicate the registered business name of the business that is ceasing.

Business name .....

Registration number **BN** .....

## Part 2—Notification

The *Business Names Act 1962* requires this to be completed.

Business ceased to be carried on in Queensland under the above-mentioned business name

on ..... day of ..... 20☐☐

by the person or all of the persons to whom the business name is registered.

## Part 3—Signature

This form must be signed by each person who was carrying on business under the business name immediately before it ceased to operate.

**Individual proprietors**

(i) Full name .....

Signature ..... Date signed ☐☐/☐☐/☐☐☐☐ (D D / M M / Y Y Y Y)

(ii) Full name .....

Signature ..... Date signed ☐☐/☐☐/☐☐☐☐ (D D / M M / Y Y Y Y)

Where a signature on behalf of a corporation is required the full corporate name, the full name of the signatory and position held must be stated. The signatory must be a director or secretary.

**Corporate proprietors**

Full name .....

Signature..... Date signed ☐☐/☐☐/☐☐☐☐ (D D / M M / Y Y Y Y)

Position held ..... (director/secretary) of ..... (name of corporation)