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SURAT MUNICIPAL CORPORATION

Gujarat Shops and Establishments (Regulation of Employment and Condition of Service) Act, 2019

Form-H

(See rule 10(1))

INTIMATION OF CLOSING OF BUSINESS

To,
The Inspector,
Office address.

Subject: Closing of business and removal of the name of Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the establishment as per the details mentioned below:-

I/We request you to remove the name of our establishment from your register.

Details of establishment

Application No.:

1 1	Registration Certificate no.	1-	RC/11/C/UDHNA/		
2 1	Validity Period	:-	19/04/2021		
3 1	Name of the Establishment		सिक्ष्यीटी सर्विस SECURITY SERVICE		
	Postal Address of place of establishment		ઉધના સુરત UDHNA SURAT UDHNA		
	Registered/ principal office iddress, if any		ઉધના મુરત UDHNA SURAT UDHNA		
	Type of organization	-	Pvt. Ltd.		
000	A) Category of business B) Nature of business		SECURITY.		
	lame & Residential Address of the Proprietor		SECURITY SERVICE		

	Details of the Partner/ Director/ Trust/Board Member/Member	1.				
10	Name and Residential Address of Authorized person, if any.		Name	E-Mail	Mobile No.	
11	Name and Residential Address of Manager, if any		Name	E-Mail	Mobile No.	
12	Manpower Details		Men	Women	Total	
			33	33	66	
13	Date of closing of business	1:-	20/04/2021			
14	Reasons for closing of business	:-	At the time of Registration, multiple Establishment IDs generated against single Registration Number			

Self-Declaration

I/We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am fully aware about the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

Date: 20-04-2021

Place: Surat

Name and Signature of Applicant