

(Garuda)

	Department of Internal Trade
	Provincial Commercial Office
	Fax
	Electronic System e-Service

Official Use Only	
Receipt No.	
Date	Time
Name of Recipient	
Position	

<input type="checkbox"/>	Warehouse	<input type="checkbox"/>	Silo	<input type="checkbox"/>	Cold Storage
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1. Name of the operator

Name of the legal person	License No.	3 year-old License	
		From the date	To the date

2. Business address

No.	Lane	Road	Sub-district	District	Province	Tel.

3. Decrease in capital/ registered capital from to

4. Reasons and necessities of applying for a decrease in capital/ registered capital

5. Documentary evidence in support of the application

	Copy of audited balance sheet and financial statement as well as the auditor report for the current accounting year		Amount and type(s) of shares held by the operator of warehouse, silo, or cold storage in affiliated companies, or other legal entities (if any)
	Amount and type(s) of total outstanding shares issued by the operator of warehouse, silo, or cold storage		
	Others		

6. Certification

I certify that the aforementioned texts are the whole truths and nothing but the truths.

Symbol of the Legal Entity (if applicable)

Signature

the person authorized to sign on behalf of the legal entity
(.....)

Signature

the person authorized to sign on behalf of the legal entity
(.....)

Signature

the person authorized to sign on behalf of the legal entity
(.....)

.....//

Note: In the case of insufficient space, use attached paper(s).