

	Department of Internal Trade
	Provincial Commercial Office
	Fax
	e-service

(Garuda)

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

Form to express the wish not to continue operation

<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. Reasons and necessities of the failure to operate within 90 days of the date of issuing of the license

4. Period of cessation or suspension

5. Supporting documents or other evidence

	Copy of the business license
	Business documents (if applicable) (If so, please specify)

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).