

Form 6 | Application for reinstatement of business licence

Section 11, Business Licence Act 2002

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly in BLOCK letters.

For Office Use Only Document Number	<input type="text"/>
Place barcode here	

1. Name of business

Business licence registration number

2. Grounds for reinstatement

The business licence for the aforementioned business was cancelled by the Registrar due to failure by the licence holder to comply with the Act. The applicant hereby affirms that the noncompliance has been corrected.

If the cancellation was due to a failure to file the annual notice of business activity, the past due notice of business activity must be submitted with this Application, together with back due filing fees and penalties.

If the cancellation was due to some other noncompliance with the Act the Registrar may request additional information sufficient to determine if grounds for reinstatement exist.

3. Signed by authorised person(s)

I/We declare the above information is true and complete. By signing this Application I/We request that the Registrar reinstate the business licence for this business. I/We understand that if it is subsequently discovered that any statement contained herewith is false or misleading, or that relevant information has been withheld, that I/We may be subject to prosecution.

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

Designation: Owner or Authorised person

Date:

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

Designation: Owner or Authorised person

Date:

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

Designation: Owner or Authorised person

Date:

Name:

(Please give first name(s) followed by surname in BLOCK letters)

Signature:

Designation: Owner or Authorised person

Date:

4. Lodged by

Name:

Address:

Other contact details:

Telephone:

Email:

5. Checklist

The following must accompany this form:

The prescribed fee of TOP\$100 (plus 15% Consumption Tax) - Please make cheques payable to *'Ministry of Trade & Economic Development'*.

Please deliver documents to: Ministry of Trade & Economic Development