

**There is no filing fee payable on this form.**

This statement must be sent or delivered to Companies Registry, PO Box 345, Finch Hill House, Bucks Road, Douglas, Isle of Man IM99 2QS.

**FORM BN14**

No of Certificate
-------------------

**THE REGISTRATION OF BUSINESS**  
**NAMES ACTS 1918 AND 1954**

**NOTICE OF CESSATION OF BUSINESS**  
**BY AN INDIVIDUAL, FIRM OR COMPANY**

Pursuant to Section 15(1) of the Registration of Business Names Act 1918  
as amended by Section 1(3) of the Registration of Business Names Act 1954

The business name.	
The business address.	
Date of cessation.	

I/We certify that the above business name ceased to carry business **in such circumstances as to require registration under the Act\*** on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\* in the case of a firm or individual delete the words in block type.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

*Signature*  
*or*  
*Signatures* } \_\_\_\_\_

NOTE: This Notice must in the case of a firm, be signed by the persons who were partners of the firm at the time when it ceased to carry on business. In the case of an individual by the individual, except in the case of the death of an individual, when it must be signed by the personal representative of the deceased and in the case of a company by a director or a liquidator, or in the case of a limited liability company, by a manager, member or liquidator, and must in all cases be sent by post or delivered to the Financial Supervision Commission within three months after the business has ceased to be carried on. Failure to give the required notice within the time above specified entails liability on conviction to a fine not exceeding £1000.