FORM: R1 B
2/90

MINISTRY OF LABOUR & SOCIAL SECURITY

ADVICE OF CLOSURE

(To be prepared when advising the closure of a company)
All dates must be written in the form dd/mm/yy

EMPLOYER'S REF. NO.

BUSINESS NAME

BUSINESS ADDRESS

(Street No.) (Street/District)

POST OFFICE

PARISH

PROPRIETOR
MANAGING DIRECTOR (Surname) (First Name) (Init)

DATE OF REGISTRATION D M Y

DATE OF CLOSURE D M Y

REASON FOR CLOSURE (Tick (√) one (1))

01. ☐ Company changed to a limited liability company

02. ☐ Employer ceased operating

03. ☐ Address of employer unknown

Prepared by : …… Authorised by : ……

Date : ___/ ___/ ___ Date : ___/ ___/ ___