



Corporate and Business Registration Department

Request for Cancellation for Business Registration Card

Reference :

To:

Registrar
Corporate and Business Registration Department
One Cathedral Square
Jules Koenig Street
Port Louis

Title	Mr / Mrs / Miss / Ms
Surname	
Other Names	
National Identity Card	
Business Registration Number (BRN)	
Signature	
Date	
Phone / Mobile Number	
email address (if any)	

I, the above-named, request for the cancellation of my Business Registration Card, for the reason stated hereunder:

- Ceased to trade since
- Do not intend to operate
- Intend to operate business under a Company
- Other reason (Please specify and attach any documents)
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Please note that the original Business Registration Card and any certified copy thereof should be returned together with the request.