



# THE DISTRICT COUNCIL OF SAVANNE

Date:.....

The Chief Executive  
The District Council of Savanne  
Souillac

Dear Sir

## **CESSATION OF BUSINESS**

This is to inform you that I shall cease my business. My details are as follows:-

**Surname:** .....

**Name:** .....

**National Identity Card Number:** .....

**Residential Address:** .....

.....

**Telephone Number:** .....

**Nature of Trade/Business:** .....

**Trade/Business Address:** .....

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**Business Number:** .....

**Validity of Licence:** .....

**Date of Cessation:** .....

**Signature of Licencee:** .....

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## **For office use only**

Cessation:    Approved / Not approved

Committee:   .....