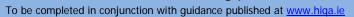
NF202A

Notification Form

Cessation of undertaking practice





Section 1. Undertaking details			For official use
Undertaking name			
Undertaking address	Address line 1		
	Address line 2		
	County		
	Eircode		
Undertaking email address			
Undertaking contact number			

Section 2. Cessation of practice of undertaking		For official use
Date of proposed cessation of undertaking		

Section 3. Declaration					
I, the undersigned, declare as the undertaking/on behalf of the undertaking that the information I have provided in this notification form is true to the best of my knowledge and belief.					
Signed by (tick as appropriate)	Sole trader				
	Partner of the partnership				
	Director of the company				
	Member of the committee of management or other controlling authority of an unincorporated body				
	Member of the board, directorate or other governance structure of the body corporate				
Name					
Job title					
Signature	Type your name in the signature field				
Date					