

Cessation Notice

To: Commissioner for Labour
(Employment Agencies Administration)

I / We* _____ (Name of licensee / name of limited company*), licensee of _____ (Name of employment agency), would like to inform you that _____ (Name of employment agency) / (The branch office(s) of name of employment agency)* located at _____ (Address of the office which has ceased business) has ceased operation since _____ (Date). Enclosed please find the licence(s) for your cancellation.



Signature and Name of Director / Licensee*
(If the licensee is a limited company,
the seal of the company is required)

Date

*Delete whichever is inappropriate