

Notification of head company no longer eligible: group ceases to exist

part 3 Declaration

Please tick the appropriate statement:

- I certify that I am the public officer of the head company of this group or the person who was its public officer before the group ceased to exist; all membership requirements have been met; the information given on this notification is true and correct; and that I consent to the collection of this information.
- I am the agent authorised by the head company to give this document to the Commissioner. This document has been prepared in accordance with the information supplied by the head company and I have received a declaration from the head company stating that the information provided to me is true and correct.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>						
Position held or tax agent number	<input type="text"/>						
We may need to contact you about this notification. <i>(Please give contact details.)</i>							
Name	<input type="text"/>						
Business hours phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After hours phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE

