TO WHOM IT MAY CONCERN

| l, | , | as owner of the business |
|--|------------------|----------------------------|
| w | ork Cover Number | |
| advise that this business ceased trading with effect from | / | / 20 |
| The reason for the cease trading being | | |
| Please find attached, the completed worker's compensation worker's compensation cover. | n declaratio | n required to finalise our |
| Yours sincerely | | |
| | | |
| Signature | Name_ | |
| | Address | <u> </u> |
| | - | |