

**FORM-C**

[See sub-rule (3) of Rule 3]

**NOTICE OF CLOSURE**

From : .....  
.....  
.....

(Here give the full name of the person(s) signing the notice with description of the position he holds, the name of the establishment and full postal address thereof.)

To : The Welfare Commissioner, West Bengal,  
"Sramik Kalyan Bhawan"  
P-3, C.I.T. Scheme – VII-M, Kankurgachi, Kolkata-700054

As required under sub-rule (3) of the West Bengal Labour Welfare Fund Rules, 1976, Uwe hereby give notice on behalf of the before mentioned establishment that a final decision has been taken to close the establishment for good with effect from .....  
(here insert the date).

The reasons for such closure and other necessary information are furnished in the statement below.

**STATEMENT**

1. Reasons for closure. ....
2. Address for communication. ....
3. If a proprietary undertaking, names and full residential addresses of owners/partners including extent of each one's share. ....
4. If a joint stock company
  - (a) Name and residential address of every employer. ....
  - (b) Name and residential address of every person owning or controlling twenty *per centum* or more of the company's shares. ....
5. Number of employees on the date of notice .....

6. Whether the employer's and the employees .....  
contributions for the preceding half year  
ending 30th June or 31st December, as the  
case may be, have been paid.

7. Whether the employer's as well as .....  
employees' contributions for the half yearly  
period during which the closure takes effect  
have been paid.

If not, when will it be paid ?

I hereby declare that the particulars mentioned in the beforementioned statement are true and correct to the best of my/our knowledge and belief.

Place .....

*(Signature of the official seal or*

Date .....

*designation of the post or position held)*