



## CESSATION FOR OTHER INCOME (SE5)

### Section 1 - Personal Details

Full Name

Taxpayer reference number

Date of birth

Residential Address

  

Contact Phone Number(s)

Email Address

### Section 2 - Business Details

Business name (if any)

Name(s) of business partner(s) (if applicable)

  
  

If the business is a partnership is it continuing to trade?

Yes

No

### Section 3 - Cessation details

When did you cease trading ?

d	d	m	m	y	y
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Are you leaving Gibraltar?

Yes

No

If you are leaving Gibraltar, please specify your forwarding address:

  

### Section 4 - Documentation Required

Cessation accounts

### Section 5 - Declaration

I declare that to the best of my knowledge and belief the particulars given on this form are correct and complete.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_