

PART 5 Particulars of applicant for revocation

Name

Address

PART 6 Name of agent
(if applicable)

Address for service

Telephone

Fax

PART 7 Grounds of Revocation (please refer to section 27 of the Act and see note “a” in the ***General Instructions***)

Signature _____

Date Month Year

Name _____

(in block letters)

Official capacity of signatory