

FORM 8

TRADE ACT

(Reg.42 (1))

**APPLICATION FOR DUPLICATE TRADE LICENSE/BUSINESS REGISTRATION DUPLICATE CERTIFICATE**

Name and address of licensee/holder of business registration certificate

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Type of license or business registration certificate: ………………………………………………………………………………….

Date of issue: ……………………………………………………….

How was the license/business registration certificate lost?

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Date of application: ……………………………………………………………..

Signature application: ………………………………………………………….

To apply for a duplicate license or business registration certificate, submit a copy of a police report.