



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF CORPORATIONS AND TRADEMARKS

FORM - TNW12

WITHDRAWAL OF A TRADE NAME

TRADE NAME TO BE WITHDRAWN

FOR OFFICIAL USE ONLY	
DATE RECEIVED	
RECEIVED BY	
PAYMENT RECEIVED	
PAYMENT TYPE	
RECEIPT NO.	

Comment [t1]: Trade name being withdrawn/canceled.

REGISTRATION NUMBER

Comment [t2]: Registration number, as provided by Corporations and Trademarks.

DATE OF ORIGINAL REGISTRATION

Comment [t3]: Date of initial registration.

THE TRADE NAME IS REGISTERED *(please select one)*

PROVIDE NAME AND BUSINESS ADDRESS OF ENTITY

Comment [t4]: Please tick the appropriate entity type and provide the actual entity name and business address.

☐ AS A SOLE PROPRIETORSHIP/PARTNERSHIP

☐ UNDER A FOREIGN/DOMESTIC CORPORATION

☐ UNDER A FOREIGN/DOMESTIC LIMITED LIABILITY CO.

☐ UNDER A LIMITED LIABILITY PARTNERSHIP

☐ UNDER A LIMITED LIABILITY LIMITED PARTNERSHIP

☐ UNDER A LIMITED PARTNERSHIP

☐ AS A NON PROFIT CORPORATION

AFFIX
CORPORATE SEAL
HERE

EACH OF THE UNDERSIGNED HAS, THIS DAY, WITHDRAWN FROM, DISPOSED OF THIS INTEREST IN THE ABOVE MENTIONED BUSINESS AND IS NO LONGER CONNECTED WITH THE SAME AND WILL NOT BE RESPONSIBLE FOR DEBTS CONTRACTED BY SAID BUSINESS AFTER FILING OF THE WITHDRAWAL NOTICE, AS PRESCRIBED BY LAW.

Comment [t5]: For corporations, the corporate seal MUST be affixed.

VIRGIN ISLANDS, THAT I AM DULY AUTHORIZED TO CONDUCT THIS TRANSACTION ON BEHALF OF THE ENTITY LISTED ABOVE AND THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND ANY ACCOMPANYING DOCUMENTS, ARE TRUE AND CORRECT, WITH FULL KNOWLEDGE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION AND THAT ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF REGISTRATION.

FIRST NAME

LAST NAME

MAILING ADDRESS

TITLE

CITY

ISLAND

ZIP CODE

SIGNATURE

EMAIL ADDRESS

FIRST NAME

LAST NAME

MAILING ADDRESS

TITLE

CITY

ISLAND

ZIP CODE

SIGNATURE

EMAIL ADDRESS

Comment [t6]: Name, title, address, signature and email address of the person executing the withdrawal. The person executing this document must be authorized to do so.

ACKNOWLEDGEMENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF , 20 .

NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARY NUMBER: