

CESSATION OF PRACTICE RESCISSION NOTICE

1.	The Name of the firm is		
2.		tion of Practice form ("Cessation Notice") with the ation to cease practice on// day/month/ year	
	The firm hereby: (i) rescinds the said Cessation Notice; (ii) withdraws the application to Council to transfer unclaimed money in clients' account to the Agent; (iii) confirms revocation of the Appointment of the Agent; and (iv) confirms it will continue to practise. * Rescission Notice is to be signed by all Principals		
(1)	Name:		
	Address:		
	Telephone Number:	Mobile Number:	
	Fax Number:	Email Address:	
Sione	ed by:		
_	t name)		

(2)	Name:		
	Address:		
	Telephone Number:	Mobile Number:	
	Fax Number:	Email Address:	
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Signed by:(Print name)			
(3)	Name:		
	Address:		
	Telephone Number:	Mobile Number:	
	Fax Number:	Email Address:	
Signed by:(Print name)			
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3. Official Announcement of Rescission

The firm hereby acknowledges that the Society will issue a Notice to the general membership of this firm's intention to continue to practise. A cheque in the sum of HK\$1,200 is attached as payment of the Society's administrative fee.