

FORM NO. 29

Closure Report of Factory

Name of Factory –

Registration Number of Factory –

Name of Occupier –

Name of Manager –

Postal Address –

Name of section or department which has closed. If the whole factory has closed please write "Total closure"	Date of closure	Reason of closure	Number of workers on the register of factory or part of the factory which is closed on the date of closure	Number of workers affected by the closure	Probable period of closure	Remarks
1	2	3	4	5	6	7