

Form Version | Release: 0.0011-2025

Applied Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ref N°: \_\_\_\_\_

## LTGS AGENT DE-REGISTRATION APPLICATION FORM

### 1. PERSONAL INFORMATION DETAILS

#### 1.1. Identification

First Name: ..... Middle Name: ..... Last Name: .....

Gender: ☐ Male ☐ Female      Marital Status: .....      Date of Birth: ...../...../.....

National ID N°: 

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#### 1.2. Residence Address

Nationality: ..... Province: ..... District: .....

Sector: ..... Cell: ..... Village: .....

#### 1.3. Personal Contact Details

Primary Phone No: 

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Email Address: .....

### 2. AGENT DE-REGISTRATION REQUEST DETAILS

#### 2.1. Reason for De-Registration

- ☐ Voluntary Exit
- ☐ Non-Compliance with LTGS Policies
- ☐ Business Closure
- ☐ Contract Termination
- ☐ Other (Specify): .....

## 2.2. LTGS Agent Details

LTGS Agent ID: 

										<b>PR</b>
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Registration Date: ...../...../..... Registry Facility Name: .....

Business Name (if applicable): .....

Business Registration No/TIN: 

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## 3. CONFIRMATION OF DE-REGISTRATION REQUEST

I, ....., confirm my request for de-registration as an LTGS Agent. I acknowledge that all LTGS Agent privileges will be revoked upon approval of this request. I understand that any outstanding dues or obligations must be settled before final de-registration.

AGENT FULL NAMES	SIGNED DATE	SIGNATURE
	____/____/____	

### DISCLAIMER: ONLY LTGS ADMINISTRATOR / APPROVAL STAFF

Phase Name	Staff Destination	Staff Officer's Name	Received Date	Signature & Stamp
REGISTRY & FOLLOW-UP	District Registrar Officer/Provincial Registrar Officer			
FINAL APPROVAL	LTGS Agents Team Network Manager			

### Approval Comments:

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