

STATE OF ALABAMA

**WITHDRAWAL OF NAME RESERVATION
CERTIFICATE (Domestic or Foreign)**

PURPOSE: To request a withdrawal/cancellation of a name reservation certificate for an existing Name Reservation, pursuant to Section 10A-1-5.14. You must be the holder of the name listed on the certificate or an officer with the officer's title if the holder is an entity.

INSTRUCTIONS: Mail this completed form to:

*Secretary of State, Business Services, PO Box 5616, Montgomery, AL 36103.

*The request is only accepted via mail or courier and will not be accepted via email.

***This must be filed prior to formation/registration.**

*There is no fee associated with this request.

This form must be typed and will not be accepted via email.

1. A copy of the **existing Name Certificate must be attached** to this form.
You cannot withdraw a name that has completed formation/registration.

2. Applicants Name:

Must be holder/officer on Name Reservation Certificate

3. _____ The undersigned certify that said Name Reservation Certificate, once withdrawn/cancelled, will not be used for any purposes relating to forming or amending an entity. I also acknowledge that the name reservation will be null and void.

The typed name and signature must be the holder of the name listed on the certificate or an officer with the officer's title if the holder is an entity.

_____ I certify that I am the designated holder/officer of the name listed on the certificate and have the authority to request the withdrawal/cancellation of the name reservation certificate.

_____/_____/_____
Date

Name of Holder on Certificate

Typed Name and Title

Signature of Holder/Officer for Entity