

| NAME (Block le                             | etters): |                        |             |                       | · .  |                |             |  |
|--|----------|------------------------|-------------|-----------------------|------|----------------|-------------|--|
| Sole Proprietor/Individual □ Partnership □ |          |                        | Corporation | Corporation $\square$ |      | State Agency □ |             |  |
| ADDRESS:                                   |          |                        |             |                       |      |                |             |  |
| -<br>Гelephone Numb                        | er:      |                        |             | Fax Number:           |      |                |             |  |
| E-mail:                                    |          |                        |             | <u></u>               |      |                |             |  |
| PURPOSE/REQU                               | JIRED US | SE: (Please be as deta | iled as po  | ssible)               |      |                |             |  |
| TYPE OF BUSIN                              | ESS      |                        |             |                       |      |                |             |  |
| Marine                                     |          | Agriculture            |             | Light Industrial      |      | Tourism        |             |  |
| Commercial                                 |          | Entertainment          |             | Institutional         |      | Knowledge-Ba   | ısed □      |  |
| Other (Explain)                            |          |                        |             |                       |      |                |             |  |
| ASSOCIATED C                               | OMPAN!   | IES (Parent, Subsidia  | ry, Assoc   | iate)                 |      |                |             |  |
|  |          |                        |             |                       |      |                |             |  |
|  |          |                        |             |                       |      |                |             |  |
|  |          |                        |             |                       |      |                |             |  |
| MAJOR SHAREI                               | HOLDER   | S/ PRINCIPAL/ PAF      | RTNERS      |                       |      |                |             |  |
| Name                                       |          |                        | Nationality |                       | ress |                | % Ownership |  |
|  |          |                        |             |                       |      |                |             |  |
|  |          |                        |             |                       |      |                |             |  |
|  |          |                        |             |                       |      |                |             |  |
|  |          |                        | <del></del> |                       |      | <del></del>    |             |  |



### **DIRECTORS**

Estimates Number of Permanent Jobs to be Created

| Name   | Address                                 | Prof           | fession/Occupation | Other Directorships |
|--|---|----------------|--------------------|---------------------|
|  |   |                |                    |                     |
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|  |   |                |                    |                     |
| MANAGEMENT (EXISTING & CURRICULUM VITAE OF KE Name | & PROPOSED)<br>EY MANAGEMENT TO BE ATTA | CHED Position/ | Title              |                     |
|  |   |                |                    |                     |
|  |   |                |                    |                     |
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|  |   |                |                    |                     |
| BANKERS AND ADDRESSES                              | (BANKER'S REFERENCES REQU               | IRED)          |                    |                     |
|  |   |                |                    |                     |
|  |   |                | -                  |                     |
| n  | D 1                                     | *              |                    |                     |
| Estimated Investment in Land                       |   | \$             |                    |                     |
| Estimated Investment in Build                      |   | \$             |                    |                     |
| Estimated Investment in Plant                      |   | \$             |                    |                     |
| Number of Jobs to be created of                    | during Preparation/Construction         |                |                    |                     |



| WILL ANY SPECIAL EXPERTISE BE REQUIRED TO COMPLETE OR ESTABLISH THE PROJECT?  Yes □ No □ If Yes, Please Identify. |
|---|
|   |
| LEVEL OF INED ACTRICTUDAL CURRORT DEGLUDED  |
| LEVEL OF INFRASTRUCTURAL SUPPORT REQUIRED  Electricity  |
| Water   |
| Telephones  |
| Sewerage  |
| Road Development  |
| Other (Explain)   |
| INDICATE APPROVALS REQUIRED FROM REGULATORY BODIES  |
|   |
|   |
|   |
|   |
| INDICATE FLOOR SPACE AND OR LAND SPACE ACREAGE REQUIRED   |
|   |
| ENVIRONMENTAL EFFECTS   |
| State if grease, fuel or toxic materials are to be used and specify the method of disposal.                       |
|   |
|   |
|   |
| SAFETY MEASURES PROPOSED FOR WORKERS, FIRE PREVENTION EQUIPMENT, ETC.   |
|   |
|   |
|   |



#### A DETAILED BUSINESS PLAN IS TO BE SUBMITTED WHICH INCLUDES THE FOLLOWING:

- 1. Full description of the project including details of the proposed use of the property;
- 2. Sales forecast for five (5) years;
- 3. Projected balance sheet, income statement and cash flow statement for five (5) years;
- 4. Start-up costs;
- 5. Market segmentation analysis; and
- 6. Industry analysis

### THE FOLLOWING SUPPORTING DOCUMENTS ARE ALSO REQUIRED FOR COMPANIES/CORPORATIONS:

- 7. Certificate of Incorporation or Certificate of Continuance;
- 8. Articles of Incorporation;
- 9. Company By-Laws;
- 10. Notice of Registered Address;
- 11. The last filed Notice of Directors/ Change of Directors;
- 12. The last filed Annual Return;
- 13. Any resolutions relating to the execution of instruments;
- 14. Management accounts for the last three years for businesses which have been in operation for more than three years;
- 15. Information on the identity of shareholders holding more than ten per centum of the paid up share capital of the Company;
- 16. Bank Reference Letter; and
- 17. Police Certificate of Character

# THE FOLLOWING SUPPORTING DOCUMENTS ARE ALSO REQUIRED FOR SOLE PROPRIETORS/INDIVIDUALS:

- 18. Permanent address and proof thereof;
- 19. Two (2) forms of government issued picture ID to establish date of birth; and
- 20. Nationality.



### **DECLARATION**

(To be signed by all applications)

I/WE DECLARE THAT I AM/WE ARE OF FULL AGE AND UNDER NO LEGAL IMPEDIMENT AND THAT ALL THE INFORMATION PROVIDED IS ACCURATE TO THE REST OF MY/OUR KNOWLEDGE

| THE INFORMATION PROVIDED IS ACC | CURATE TO THE BEST OF MY/OUR KNOW | LEDGE. |  |
|---------------------------------|-----------------------------------|--------|--|
| DATED THIS:                     | DAY OF                            | 20     |  |
|                                 |                                   |        |  |
| SOLE PROPRIETORS/INDIVIDUALS AN | ND PARTNERSHIPS                   |        |  |
| SIGNED BY:                      |                                   |        |  |
| NAME (Block Letters):           | SIGNATURE:                        |        |  |
| NAME (Block Letters):           | SIGNATURE:                        |        |  |
| IN THE PRESENCE OF:             |                                   |        |  |
| Name:                           |                                   |        |  |
| Address:                        |                                   |        |  |
|                                 |                                   |        |  |
|                                 |                                   |        |  |
| COMPANIES                       |                                   |        |  |
| SIGNED BY THE SECRETARY         |                                   |        |  |
| NAME (Block Letters):           | SIGNATURE:                        |        |  |
| AND DIRECTOR                    |                                   |        |  |
| NAME (Block Letters):           | SIGNATURE:                        |        |  |
| IN THE PRESENCE OF:             |                                   |        |  |
| Name:                           |                                   |        |  |
| Address:                        |                                   |        |  |