

Government of the Republic of Trinidad and Tobago

# **Ministry of Trade and Industry**

# **APPLICATION FORM**

Approved Small Company Status (under Section 16A of the Corporation Tax Act, Chapter 75:02)



### **INSTRUCTIONS**

- 1. All relevant sections must be completed and submitted with supporting documents.
- 2. The completed application form must be signed by an Executive/(s) of the Applicant Company and not by an Agent or Consultant.

The Applicant means the particular small company for which approval is being sought.

3. **ALL** completed Application Forms must be submitted to the Permanent Secretary of the Ministry of Trade and Industry for processing.

For further information on requirements or assistance, please contact:

Investment Directorate
Ministry of Trade and Industry
Level 12, Nicholas Tower
Independence Square
Port of Spain

Phone: (868) 623-2931-4 Ext. 2207, 2220, 2210, 2230

E-Mail: mti-investmentdir@gov.tt



# IN THE MATTER OF THE STATUTORY DECLARATIONS ACT CHAPTER 7:04

<i>I</i> ,	do
solemnly and sincerely declare as follow	vs:
support of the Approved Small Compar	ny Status incentive under Section 16A of the Corporation Finance (No.) Act, 2022, I attach the following documents:
[] Application form duly completed	l
[] Company Incorporation Docum Incorporation, Particulars of Di	ents (including Certificate of Incorporation, Articles of
[] Annual Return of a Company for	r Profit Incorporated, Continued or Amalgamated under
	or, for the years of income; by an accountant who is a member of the Institute of lad and Tobago, for the years of income;
· ·	AT Clearance Certificate, where applicable;
· ·	orem and configurate, where approximate,
or indirectly through its nominees.	ave as a shareholder any company holding shares directly
Signature	 Signature
(BLOCK LETTERS)	(BLOCK LETTERS)
Position in Company	Position in Company
 Date	 Date



# **GENERAL PARTICULARS** (To be completed by all Applicants)

1 7 1	on Date:		<del></del>
Address of Registered	Office/ Mailing Add	ress:	
	<del> </del>		
Геlephone No (s):			
		Roard of Inland	ł Revenue Number
Value Added Tax Nur	nber (11 applicable):	Board of Illianc	a revenue i vamoei.
Value Added Tax Nur	nber (11 applicable):		
National Insurance Bo	oard Employer Regist	ration Number: _	
National Insurance Bo Benefits under Approv	oard Employer Regist wed Small Company S	ration Number: _	
Value Added Tax Nur  National Insurance Bo  Benefits under Approv  Company Status tax ex	oard Employer Regist wed Small Company S	ration Number: _	
National Insurance Bo Benefits under Approv Company Status tax ex	ved Small Company Semptions received):	ration Number: _	any previous Approv
National Insurance Bo Benefits under Approv Company Status tax ex	ved Small Company Semptions received):	ration Number: _ Status ( <i>Please list</i> Number	any previous Approv



	Coun	itry	Product	Quantity/Volume (Average Annual Ouantity)	Estimated Value (TT\$) (Average Annual Value)		
12	. Markets	:					
	Proposed	new Emp	loyment for the next 2 y	rears:			
	Total Nun	nber of T	emporary Employees:				
11.	Total Nun	nber of Po	ermanent Employees:		<u> </u>		
			Total				
		Workin	g Capital				
		Machin	Building ery & Equipment				
		T 10	Investment	(TT\$)			
10.	Investmen	t Value:					
					······································		
9.	Manufacturing activity (Please provide details on the nature of the business operations and list products manufactured, production processes, use of locally produced raw materials, projections etc. Supporting documentation can be attached if necessary).						



I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

Declared to at	)	
In	)	
Declarant this day of,	)	

Before me, Commissioner of Affidavits



Page 6 of 6