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)

Levels 9, 11-17&19, Nicholas Tower, 63-65 Independence Square, Port of Spain,
Republic of Trinidad and Tobago
Tel: (868) 623-2931-4 • Fax: (868) 627-8488
Email: mti-info@gov.tt • Website: www.tradeind.gov.tt

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,……do solemnly and sincerely declare as follows:

I am located at ……., and in support of the Approved Small Company Status incentive under Section 16A of the Corporation Tax Act, Chapter 75:02, as amended via Finance (No.2) Act, 2022, I attach the following documents:

- ☐ *Application form duly completed*
- ☐ *Company Incorporation Documents (including Certificate of Incorporation, Articles of Incorporation, Particulars of Directors etc.)*
- ☐ *Annual Return of a Company for Profit Incorporated, Continued or Amalgamated under the Companies Act, Chapter 81:01, for the years of income;*
- ☐ *Financial Statements audited by an accountant who is a member of the Institute of Chartered Accountants of Trinidad and Tobago, for the years of income;*
- ☐ *Tax Clearance Certificate and VAT Clearance Certificate, where applicable;*
- ☐ *Other (specify)……*

I further declare that this company has not been formed as a result of splitting or reconstruction of an existing company, and does not have as a shareholder any company holding shares directly or indirectly through its nominees.

Signature	*Signature*
(BLOCK LETTERS)	*(BLOCK LETTERS)*
Position in Company	*Position in Company*
Date	*Date*

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GENERAL PARTICULARS (To be completed by all Applicants)

1. Name of Business _____

2. Company Incorporation Date: _____

3. Address of Registered Office/ Mailing Address:

   _____

   _____

   _____

4. Telephone No (s): _____ E-Mail: _____

5. Value Added Tax Number (if applicable): Board of Inland Revenue Number:

   _____ _____

6. National Insurance Board Employer Registration Number: _____

7. Benefits under Approved Small Company Status (*Please list any previous Approved Small Company Status tax exemptions received*):

Year	Certificate Number	Date Issued

Not Applicable: ☐

8. Years of Income Being Applied For (*Companies can only claim the tax exemption from 1st January, 2023 onwards*):

   _____

9. Location of manufacturing operations: _____

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10. 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).*

_____

_____

_____

_____

_____

_____

11. Investment Value:

Investment	(TT$)
Land & Building	
Machinery & Equipment	
Working Capital	
Total	

11. Total Number of Permanent Employees: _____

Total Number of Temporary Employees: _____

Proposed new Employment for the next 2 years:_____

12. Markets:

Country	Product	Quantity/Volume (Average Annual Quantity)	Estimated Value (TT$) (Average Annual Value)

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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 _____, _____)
DD MM YY

Before me,
Commissioner of Affidavits

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