



Government of the Republic of Trinidad and Tobago

Ministry of Trade and Industry

**APPLICATION FOR GRANT FUNDING FOR SMALL
AND MEDIUM -SIZED MANUFACTURERS**



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 the documents requested.
2. The completed application form must be signed by **an Executive/(s) of the Applicant Enterprise and not by an Agent or Consultant.**

The Applicant Enterprise means any particular enterprise whose activities are aligned with the following sectors: Manufacturing, Agriculture and Agro-processing, Maritime Services, Aviation Services, Fish and Fish Processing, Software Design and Applications, and Creative Industries.

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

For further information on requirements and assistance for Investment Projects, please contact:

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Ministry of Trade and Industry
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E-Mail: videsh.maharaj@gov.tt

FOR OFFICIAL USE:

Item	Date	Officer
<input type="checkbox"/> Application form received
<input type="checkbox"/> All required documents appended
<input type="checkbox"/> Additional documents/information required
<input type="checkbox"/> All additional requirements satisfied
<input type="checkbox"/> Application accepted
<input type="checkbox"/> Date report completed



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
this Application for Grant Funding, I attach the following documents:

- Application form duly completed
- Business Plan
- Audited Financial Statements for two (2) years
- Documented evidence of cost of capital requirements/expenditure
- Business Registration Documents
- Tax Clearance Certificate and VAT Clearance Certificate
- Property Tax receipt (when effected)
- Documentary evidence confirming the Company's Financial Ability to meet the other
50% of the cost of acquisition
- Police Certificate of Character for Applicant(s)
- Other (specify).....

Signature

(BLOCK LETTERS)

Position in Enterprise

Date

Signature

(BLOCK LETTERS)

Position in Enterprise

Date



GENERAL PARTICULARS (To be completed by all Applicants)

1. Name of Business _____

2. Sole Trader Partnership Company

3. Registration Date: _____

4. Address of Registered Office/Mailing Address: _____

5. Telephone No. _____ Fax No. _____ E-Mail: _____

6. Value Added Tax No.: _____ Board of Inland Revenue No.: _____

7. National Insurance Board Employer Registration No.: _____

8. Shareholding: (Where shareholder is a company please append Certificate of Incorporation, names and addresses of directors and controlling shareholder (s) and any other countries where investments are held.)

NAME	COUNTRY	TYPE OF SHARES	% SHARE-HOLDING

9. Business acitivity: _____

10. Location of factory/business: _____

11.

INVESTMENT	EXISTING (TT\$)	PROPOSED (TT\$)
Land & Building		
Machinery & Equipment		
Working Capital		
Total		



12. Source of financing (TT\$): Equity..... Loan Other

13. Employment:

OCCUPATION (Indicate major category)	Existing		Proposed	
	Nationals	Non-Nationals	Nationals	Non-Nationals
TOTAL NUMBER OF EMPLOYEES				

14. Export Markets: (Where applicable)

COUNTRY	Existing		Proposed	
	QUANTITY/ VOLUME	ESTIMATED VALUE (TT\$)	QUANTITY/ VOLUME	ESTIMATED VALUE (TT\$)

15. Annual Production/Sales:

Products/Services	Annual	
	Local Sales Value(TT\$)	Export Sales Value (TT\$)



16. Capital Requirements/Expenditure (Machinery, Equipment, Software, Tools):

Tariff No.	Description	Estimated Cost TT \$	Source (country)

17. For the proposed operation, have you obtained approval from the following agencies?

- Town & Country Planning Division Yes, date approved _____ No
- Factory Inspectorate Division Yes, date approved _____ No
- Fire Services Department Yes, date approved _____ No

If so, please attach a copy of each.

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 _____)
 day _____ of, _____)
Declarant this

Before me,
 Commissioner of Affidavits

