

## APPLICATION FOR GRANT FUNDING FOR SMALL AND MEDIUM -SIZED ENTERPRISES



## **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:

Videsh Maharaj, Director, Investment Ministry of Trade and Industry Level 12, Nicholas Tower Independence Square Port of Spain Trinidad, West Indies

Phone: (868) 623-2931-4 Exts. 2220/2230/2231 Fax: (868) 624-9594 or (868) 623-5445

E-Mail: videsh.maharaj@gov.tt

**FOR OFFICIAL USE:** 

Item	Date	Officer
[] Application form received		
[] All required documents appended		
[] Additional documents/information required		
[] All additional requirements satisfied		
[] Application accepted	•••••	
[] Date report completed	•••••	



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

emnly and sincerely declare as follows		do	
Application for Grant Funding, I atta Application form duly completed Business Plan Audited Financial Statements for Documented evidence of cost of Business Registration Document Tax Clearance Certificate and V Property Tax receipt (when effect	ch the following two (2) years capital require s AT Clearance ted) ng the Compar	ements/expenditure Certificate sy's Financial Ability to meet the othe	·
 Signature	-	Signature	
(BLOCK LETTERS)		(BLOCK LETTERS)	
 Position in Enterprise		Position in Enterprise	
 Date		Date	

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

1.	Name of Business				
2.	Sole Trader Par	tnership Com	pany		
3.	Registration Date:				
4.	Address of Registered Office/N				
5.	Telephone No	_ Fax No			
6.	Value Added Tax No.:	Board of In	land Revenue No.:	·	
7.	National Insurance Board Emp	loyer 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	
-					
L					
9.	Business acitvity:				
10.	Location of factory/business:_				
11.					
	INVESTMENT	EXISTING (TT\$)	PI	ROPOSED (TT\$)	
	Land & Building				
	Machinery & Equipment				
	Working Capital				
	Total				



12.	Source of financing (	ΓT\$): Î	Equity	Loan	 Ot	her
13.	Employment					
13.	Employment:			Existing	Pro	posed
	OCCUPATION (Indicate major catego	ory)	National	s Non- National	ationals	Non- Nationals
	TOTAL NUMBER OF EMPLOYEES					
14.	Export Markets: (Wh	ere an	nlicable)			
	2pozo 1		Exis	ting	Prop	osed
-	COUNTRY		ANTITY/ OLUME	ESTIMATED VALUE (TT\$)	NTITY/ LUME	ESTIMATED VALUE (TT\$)
•						
- -						
-						
15.	Annual Production/Sa	iles:				
15.	Annual Production/Sa Products/Services	iles:		Local Sales Vol	nnual Export S	ales Value (TT¢)
15.		ıles:		Local Sales Valu		ales Value (TT\$)

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	D	escription	Estimated Cost TT \$	Source (country)
. For the pro	posed operation, ha	ave you obtained a	approval from the follo	owing agencies?
• Town &	& Country Planning I	Division [] Yes, dat	e approved	
<ul> <li>Factory</li> </ul>	Inspectorate Divisio	on [] Yes, da	te approved	[]
THE SE	vices Department	[] 1 cs, ua	ie approved	LJ
If so, pleas	e attach a copy of ea	ach.		
, -				
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			me to be true and accoment in this declaration	
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