APPLICATION FOR GRANT FUNDING FOR LOCAL PRODUCERS OF ALTERNATIVES TO WHEAT FLOUR

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 processing of alternatives to wheat flour under the Agriculture and Agro-processing sector.

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:

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

Phone: (868) 623-2931-4 Exts. 2210/2230/2207/2219
Fax: (868) 624-9594 or (868) 623-5445
E-Mail: mti-investmentdir@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

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/ Accountant's Report/ Management Accounts for the*
    previous years of operation
[] *Documentary evidence of cost of machinery and equipment to be used to manufacture*
    wheat flour alternatives
[] *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*
    25% of the cost of the acquisition/remaining cost of the acquisition
[] *Police Certificate of Character for Applicant(s)*
[] *Other (specify)…………………………………………………………………*

_____   _____

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 ☐   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 acitvity:_____

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.   Machinery and Equipment to be acquired:

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 _____)

By_____)

This _____ day of, _____, _____)

Before me,

…………………………..
Commissioner of Affidavits