SAINT LUCIA

APPLICATION FOR DUTY FREE CONCESSIONS – SEDU

(a) Applications should be forwarded to: The Minister/Permanent Secretary
Ministry of Commerce, Industry & Consumer Affairs
Block B, Heraldine Rock Building
Waterfront, Castries

(b) Any registered small business can make an application for a waiver of Import
Duty and Consumption Tax.

(c) All currency to be quoted in Eastern Caribbean Dollars (EC$)

(d) Provide complete answers to all questions.

(e) Additional Information can be provided on a separate sheet.

1. BUSINESS IDENTIFICATION

1.1 Business Name __________________________________________________

1.2 Business Registration No & date _________________________________

1.3 Business Location _________________________________________________

1.4 Type of Business __________________________________________________

1.5 Type of Ownership: Sole Trader ☐ Partnership ☐
Incorporated ☐ Other Specify ________________________

1.6 If Incorporated date of Incorporation ________________________________

1.7 Name of owner (s) _________________________________________________

2. PRODUCT (s) SERVICE

2.1 Indicate type of product (s) or service to be provided:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
2.2 Target Market product(s) services will be sold

________________________________________________________________________

________________________________________________________________________

3. CAPITAL INVESTMENTS FOR WHICH CONCESSIONS IS BEING REQUESTED
(Please attached document with full details)

3.1 Include total cost of each in space provided below.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (as per attached document)</th>
<th>Import Duty %</th>
<th>Consumption Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raw Materials</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Machinery</td>
<td></td>
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<td></td>
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<td>Tools</td>
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<td>Other</td>
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<tr>
<td>Grand Total</td>
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</tbody>
</table>

4. INDICATE SOURCES OF FINANCE

4.1 Personnel funds: EC$ ___________ Lending Institution EC$ ___________

5. CONCESSIONS REQUESTED

5.1 Wavier of Import Duty: ________________________________________________

5.2 Wavier of Consumption Tax ____________________________________________

5.3 Period for which concessions is requested________________________________
6. ORIGIN OF EQUIPMENT / RAW MATERIALS ETC

6.1 CARICOM (Specify) ____________ USA ____________ UK ____________

6.2 Other __________________________________________________________

7. EMPLOYMENT

7.1 Indicate employment levels within the enterprise:

<table>
<thead>
<tr>
<th>NUMBER OF JOBS</th>
<th>CATEGORY / TITLE</th>
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TOTAL

8. JUSTIFICATION / ECONOMICAL IMPACT

8.1 Indicate the effects that the availability of concessions to the business will have on the local economy.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
9. ADDITIONAL INFORMATION

9.1 Provide any additional information which may be helpful on considering this application.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10. PERSONAL INFORMATION

10.1 Name of Applicant (s) ________________________________

10.2 Nationality of Applicant (s) ________________________________

10.3 Address of Applicant (s) ________________________________

__________________________________________________________________________

10.4 Telephone No (w) ________________ © ________________ fax ____________

10.5 Email address ____________________________________________

10.6 Signature of Applicant _________________________________________

10.7 date _______________________________________________________

11. OFFICIAL USE

11.1 Officer Assigned ___________________________________________

11.2 Date submitted to Cabinet _____________________________________