

SAINT LUCIA

APPLICATION FOR FISCAL INCENTIVES

UNDER FISCAL INCENTIVES ACT, NO 15 OF 1974

NOTE:

- (a) Application should be forwarded to:

The Minister
Ministry of Commerce, International Financial Services & Consumer Affairs
Block 'B' NIS Building
The Waterfront
CASTRIES

With a copy to:

The Chairman
National Development Corporation
Block 'B' NIS Building
The Waterfront
CASTRIES

- (b) Only companies incorporated and registered in St. Lucia may be granted approved status.
- (c) Production of the Approved Product(s) should commence no later than eighteen (18) months after the first publication of the Development Incentives Order in the Gazette.
- (d) All currency to be quoted in Eastern Caribbean Dollars.
- (e) Provide complete answers to all questions.

A. INCENTIVES SOUGHT

1. Tax Holiday _____
2. Waiver of Customs Duties _____
3. Waiver of Consumption Tax _____
4. Export Allowance _____
5. Other _____

B. IDENTIFICATION

1. Name of Company _____
2. Registered Address _____
3. Date of Registration _____

4. If company has not been registered, give proposed name, address and date of subsidiary or successor of another Company

- (a) If so, give name and address of present Company or former Company_____

- (b) Give Nature of business carried out by parent Company or former Company_____

5. Is parent Company or former Company owned or controlled by citizens of:

- (i) St. Lucia_____
- (ii) Other Caricom (specify)_____
- (iii) Other (specify)_____

6. How many directors does/will the Company have? _____

7. Give names, nationalities and domiciles of Chairman, Managing Director(s), other Directors and Company Secretary

NAME

NATIONALITY

DOMICILE

8. Do the above Directors currently have interest in existing enterprises? _____

1. a) in St. Lucia _____
- b) other countries(specify) _____

<u>NAME</u>	<u>ENTERPRISE</u>	<u>NATURE OF BUSINESS</u>	<u>LOCATION</u>

2.
 - (a) State previous employment _____
 - (b) Duration (No. Of years) _____
 - (c) Name of Company _____

9. Are the person(s) associated with this application involved with any similar project in the Caribbean Common Market (CARICOM)? _____

If yes, give particulars:

.C. FINANCE

1. Company'S Share Capital

- (a) Nominal or Authorised

No _____ Value _____

- (b) Issued (or to be issued to commence production)

No _____ Value _____

- (c) Paid-up

No _____ Value _____

(d) Countries in which shares will be/have been issued

2. Give names, nationalities, domiciles of shareholders and proportion of issued share capital held /to be held by each

i) _____

ii) _____

iii) _____

iv) _____

v) _____

3. Source of Capital:

	TYPE	VALUE
(a)	Debentures _____	_____
	_____	_____
(a)	Commercial Bank Loan _____	_____
	_____	_____
(a)	Other(specify) _____	_____
	_____	_____

4. If Enterprise is a subsidiary of another company, give proportion of issued Share Capital taken by the parent Company

No _____ Value _____

5. Give amount of capital invested or to be invested in approved operations:

ASSETS	TO DATE	Expected at end of 1 st and 2 nd Years of Operation	
		1 st	2 nd
a. Land	\$.....	\$.....	\$.....
b. Building/Leasehold Improvements	\$.....	\$.....	\$.....
c. Machinery/Equipment	\$.....	\$.....	\$.....
d. Other Fixed Assets	\$.....	\$.....	\$.....
e. Net Working Capital	\$.....	\$.....	\$.....

6. Give estimates of dividends and other distribution of earnings to be made during Tax Holiday Period to:

- (i) St. Lucian Nationals _____
- (ii) Other Caricom Nationals _____
- (iii) Other (specify) _____

7. Give estimates of any Royalties, Interest, Management and Patent Charges to be made:

- (a) In the CARICOM countries _____
- (b) Outside CARICOM _____

D. OPERATIONS

1. Is factory building already available? _____
If not, give date on which construction will begin _____

2. Give general description, size and location of factory.

3. Give date production is to begin or began.

4. Give technical description of manufacturing process involved.

5. Give detailed description of products for which approved status is being sought.

6. Is approved status being sought for the Company's entire operation? _____
If not, give particulars of other operations which the company may carry out.

7. In respect of Plant and Equipment to be used give:

Item	Quantity	Value	Source	Condition

8. With respect to raw materials, components, packaging materials, fuels etc (to be used) give:

Item	Source	Year I		Year II	
		Qty	Value	Qty	Value

E. PRODUCTION VOLUME AND SALES

1. State estimated Annual Output (Ex-factory) of Approved Products:

Products	Year I		Year II	
	Qty	Value	Qty	Value

2. Do you plan to export any of your products? _____
If so, give estimates:

Product	Country	Year I		Year II	
		Qty	Value FOB	Qty	Value FOB

3. Give estimates of ex-factory cost and ex-factory price of each individual product.

Product	Per Unit Ex-factory	
	Cost	Price

4. Give estimated annual depreciation charge on:
- Plant _____
- Machinery _____
- Equipment _____
- Spareparts _____

F. EMPLOYMENT AND WAGES

1. Do you require work permits for workers? _____

If so, give: **CATEGORY OF WORK** **NATIONALITY** **NAME**

2. Give details of your programme for training local personnel.

3. What special skills does the management of the proposed factory possess in the particular line of production?

4. Give details on proposed wages/salaries and other payment as per the following:

Category of Worker	Employment at Initial Stages of Production (i.e. Years I and II)				Rmployment at Maximum Production Stages		
	St. Lucia	Other CARICOM	Other	Total	St. Lucia	Other CARICOM	Total

5. Give details on proposed wages/salaries and other payment as per the following:

Category of Worker	Employment at Initial Stages of Production (i.e. Years I and II)				Rmployment at Maximum Production Stages		
	St. Lucia	Other CARICOM	Other	Total	St. Lucia	Other CARICOM	Total

G. SPECIAL REQUIREMENTS

1. List requirements for:

(a) Utilities _____

(b) Communications _____

(c) Waste disposal _____

2. Has assistance been sought from the National Development Corporation? _____

If yes, describe briefly _____

Name of Applicant _____

Signature of applicant _____

On behalf of _____

Address of Applicant _____

Telephone No. _____

Facsimilie No. _____

Email Address _____

Cable Address _____

Date _____