

COMMERCIAL FREE ZONE APPLICATION FORM

CFZ Business Status Application Form

(a) Name of Company: _____

(b) Income Tax Reg. Number: _____

(c) Telephone: _____ Fax: _____ Cable: _____

(d) Registered Office Address: _____

(e) Physical Address: _____

(f) General Manager: _____

(g) Legal Representative: _____

Commercial Free Zone Location: _____

Classification:

(a) _____ Trading (d) _____ Finance

(b) _____ Manufacturing (e) _____ Agro- Processing

(c) _____ Service (f) _____ Other

Description of "Other": _____

Labour Force:

(a) Personnel needed to initiate operations:

Professional: _____ Men _____ Women _____ Total _____ Foreign _____ National _____ Total

Technical: _____ Men _____ Women _____ Total _____ Foreign _____ National _____ Total

Other: _____ Men _____ Women _____ Total _____ Foreign _____ National _____ Total

(b) Personnel needed at maximum capacity:

Professional: _____ Men _____ Women _____ Total _____ Foreign _____ National _____ Total

Technical: _____ Men _____ Women _____ Total _____ Foreign _____ National _____ Total

Other: _____ Men _____ Women _____ Total _____ Foreign _____ National _____ Total

Operations:

(a) Expected commencement date of operations: _____

(b) Expected date of maximum operations: _____

(c) Physical plant in square feet: _____

Required Services:

(a) Electricity Beginning Maximum

Load _____ _____

Voltage _____ _____

Average Monthly Consumption: _____

(b) Water:

Potable:

Average Daily Consumption: _____

Required Volume/It/Sec: _____

Industrial:

Average Daily Consumption: _____

Required Volume/It/Sec: _____

(d) Telecommunications:

Phones: _____

Faxes: _____

Cellular Phones: _____

Cable: _____

On-Line: _____

Digital Transmission: _____

Other: _____

Provide any other information which the Chief Executive Officer of the Commercial Free Zone may require.

Date: _____

Signature: _____

Title: _____

Company Seal: