

SMALL OR MEDIUM ENTERPRISE APPLICATION FORM

**Application By a Small or Medium-sized Entity (SME)  
Pursuant to Section 3B of the Fiscal Incentives Act**

To: Executive Chairman – BELTRAIDE

Date: \_\_\_\_\_

The Entity named below hereby applies pursuant to section 3B of the Fiscal Incentives Act for relief from Customs Duty in respect of the items listed in the attached Schedule.<sup>1</sup>

N.B. Please refer to the SME Concise Guide in order to learn about the additional information that is required to be submitted along with this application.

**1. Name of the Small or Medium-sized Entity or Company**

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**a) New Entity or Existing Entity**      **b) Registered Company Yes/No**

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**2. Principal place of business including contact information**

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**3. Full address [including City/Town/District]**

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Telephone

Fax

Mobile

Email

**4. Name and address of owner(s) of business**

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**5. Name and position of contact person of business**

<sup>1</sup> Please attach hereto an electronic list containing the Item, Estimated Unit Value, and Quantity for which relief from Customs Duty and Revenue Replacement Duty is sought.

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**6. Full Description of business to be carried out [state sector]**

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**7. Timeframe for completion of project/exemption period hereby being applied for [not exceeding two (2) years]**

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**8. a) Number of persons currently employed [not to exceed 15 persons]**

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**b) Number of additional persons to be employed within 3 months of approval**

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**9. a) Annual turnover [not exceeding BZ\$500,000.00]**

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**b) Value of Assets [not exceeding BZ\$300,000.00]**

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**c) Investment in machinery and equipment [not exceeding BZ\$300,000.00]**

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**9. Valid trade license and all other licenses and/or permits required to carry on the business [copy(ies) must be provided]**

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**10. Is the company a subsidiary of or controlled by an entity that is not an SME? If yes, state the name of the principal company**

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I, \_\_\_\_\_, hereby acknowledge that the information provided above and that on the attached paper is true and correct in every material particular.

Signature \_\_\_\_\_

**CHECKLIST FOR SME FISCAL INCENTIVE APPLICATION**

NEW APPLICATION

APPLICATION FOR EXTENSION

Name of Company \_\_\_\_\_

Please Print Yes/No

Application Fee (IF APPLICABLE)	
Completed Application	
Principals/Shareholders	
Banker's Reference	
Sources of Funds (Bank Letter/Statement)	
Proposed Investment Amount	

Annual Foreigner Exchange Earnings	
Clientele/Marketing Plan	
Description of Undertaking	
Time Frame for Project Completion	
Employment Figures	
Relevant Licenses and/or Permits	
Land Tenure Deed/Rental Agreement	
List of Items Requesting for Duty Exemption	
Interview Sheet	
Site Visit	____/____/____

Comments and Recommendations:

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Date:

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Officer's Signature:

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