

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 wavier 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.

Description	Amount (as per attached document)	Import Duty %	Consumption Tax
Equipment			
Raw Materials			
Machinery			
Tools			
Other			
Grand Total			

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:

NUMBER OF JOBS	CATEGORY / TITLE
	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 _____