



Government of the Republic of Trinidad and Tobago

Ministry of Trade and Industry

**APPLICATION FOR GRANT FUNDING FOR SMALL
AND MEDIUM -SIZED MANUFACTURERS**



Levels 9, 11-17&19, Nicholas Tower, 63-65 Independence Square, Port of Spain,
Republic of Trinidad and Tobago
Tel: (868) 623-2931-4 • Fax: (868) 627-8488
Email: mti-info@gov.tt • Website: www.tradeind.gov.tt

INSTRUCTIONS

1. All relevant sections must be completed and submitted with the documents requested.
2. The completed application form must be signed by **an Executive/(s) of the Applicant Enterprise and not by an Agent or Consultant.**

The Applicant means the particular enterprise for whose manufacturing or agro-processing activity approvals are being sought.

3. **ALL** completed Application Forms must be submitted to the Investment Directorate of the Ministry of Trade and Industry for processing.

For further information on requirements and assistance for Investment Projects, please contact:

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Ministry of Trade and Industry
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Independence Square
Port of Spain
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FOR OFFICIAL USE:

Item	Date	Officer
<input type="checkbox"/> Application form received
<input type="checkbox"/> All required documents appended
<input type="checkbox"/> Additional documents/information required
<input type="checkbox"/> All additional requirements satisfied
<input type="checkbox"/> Application accepted
<input type="checkbox"/> Date report completed



IN THE MATTER OF THE STATUTORY DECLARATIONS ACT

CHAPTER 7:04

I,..... do
solemnly and sincerely declare as follows:

I am located at, and in support of
this Application for Grant Funding, I attach the following documents:

- Application form duly completed
- Business Plan
- Audited Financial Statements for two (2) years
- Documented evidence of cost of equipment
- Business Registration Documents
- Tax Clearance Certificate and VAT Clearance Certificate
- Statement of Tax Affairs
- Property Tax receipt (when effected)
- Documentary evidence confirming the Company's Financial Ability to meet the other
50% of the cost of Machinery and Equipment
- Other (specify).....

Signature

Signature

(BLOCK LETTERS)

(BLOCK LETTERS)

Position in Enterprise

Position in Enterprise

Date

Date



GENERAL PARTICULARS (To be completed by all Applicants)

1. Name of Business _____

2. Sole Partnership Company Trader

3. Registration Date: _____

4. Address of Registered Office/Mailing
Address: _____

5. Telephone No.:_____ Fax No.:_____ E-Mail:_____

6. Value Added Tax No.: _____ Board of Inland Revenue No.: _____

7. National Insurance Board Employer Registration No.: _____

8. Proposed Shareholding: (Where shareholder is a company please append Certificate of Incorporation, names and addresses of directors and controlling shareholder (s) and any other countries where investments are held.)

NAME	COUNTRY	TYPE OF SHARES	% SHARE-HOLDING

9. Business activity: _____

10. Location of factory/business: _____

11.

INVESTMENT	(TT\$)
Land & Building	
Machinery & Equipment	
Working Capital	
Total	



12. Source of financing (TT\$): Equity..... Loan Other

13. Employment:

OCCUPATION (Indicate major category)	Nationals	Non-Nationals
TOTAL NUMBER OF EMPLOYEES		

14. Export Markets:

COUNTRY	QUANTITY/ VOLUME	ESTIMATED VALUE (TT\$)

15. Annual Production/Sales

Products	Annual	
	Local Sales Value(TT\$)	Export Sales Value (TT\$)



16. Machinery and Equipment

Tariff No.	Description of Machinery & Equipment	Estimated Cost TT \$	Source (country)

17. For the proposed operation, have you obtained approval from the following agencies?

- Town & Country Planning Division Yes, date approved _____ No
- Factory Inspectorate Division Yes, date approved _____ No
 - Fire Services Department Yes, date approved _____ No

If so, please attach a copy of each.

I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

Declared to at _____)

In _____).....

Declarant this

day _____ of, 2018.)

Before me,
Commissioner of Affidavits

