

SAINT LUCIA

APPLICATION FOR FISCAL INCENTIVES

FISCAL INCENTIVES ACT

Chapter 15.16

AMENDMENT 03/2013

NOTE:

- (a) Application should be forwarded to:

Permanent Secretary
Ministry of Commerce, Business Development, Investment & Consumer Affairs
4th Floor, Heraldine Rock Building
The Waterfront
Castries
Saint Lucia W.I

- (b) Only companies incorporated and registered in Saint 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 Order in the Gazette.
- (d) All currency to be quoted in Eastern Caribbean Dollars.
- (e) Provide complete answers to all questions.
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A. INCENTIVES SOUGHT

1. Tax Holiday _____
2. Waiver of Import Duties _____
3. Waiver of Excise Tax _____
4. Other _____

B. IDENTIFICATION

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

4. Is parent Company owned or controlled by citizens of:

(i) Saint Lucia _____

(ii) Other Caricom (specify) _____

(iii) Other (specify) _____

5. How many directors does the Company have? _____

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

NAME	DESIGNATION	NATIONALITY	DOMICILE	EMAIL

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

a) in Saint Lucia _____

b) other countries(specify) _____

NAME	DESIGNATION	ENTERPRISE & LOCATION	NATURE OF BUSINESS

C. FINANCE

1. Company's Share Capital

(a) Nominal or Authorized

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

NAME	NATIONALITIES	DOMICILES	TELEPHONE NO.	EMAIL ADDRESS

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

Number _____ Value _____

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

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. Describe how earning/dividends will be distributed during Tax Holiday Period to:

(i) Saint 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.

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. Please provide details of plant and equipment to be used in the production process:

Item	Quantity	Value	Source	Condition

8. Provide details of raw materials, components and packaging (to be used) in the production process:

Item	Source	Year I		Year II	
		Qty	Value	Qty	Value

E. PRODUCTION VOLUME AND SALES

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

Product	Per Unit Ex-factory	
	Cost	Price

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

Products	Year I		Year II	
	Qty	Value	Qty	Value

3. 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

F. EMPLOYMENT AND WAGES

1. Give details of your programme for training of local personnel and technology transfer.

2. 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)				Employment at Maximum Production Stages		
	Saint Lucia	Other CARICOM	Other	Total	Saint Lucia	Other CARICOM	Total

G. SPECIAL REQUIREMENTS

1. List requirements for:

a. Utilities _____

b. Communications _____

c. Waste disposal _____

d. Other _____

2. Has assistance been sought from Invest St. Lucia? _____

If yes, describe briefly _____

H. DECLARATION

Name of Applicant _____

Signature of applicant _____

on behalf of _____
Insert Company's Name

Address of Applicant _____

Date: _____

Email: _____

Telephone: (landline) _____ (Fax) _____ (Mobile) _____