

SECOND SCHEDULE
(Cap 517)

APPLICATION FOR AN EXPORT PROCESSING ZONES BUSINESS SERVICE

PERMIT

Proposed business activity -----

A. PARTICULARS OF APPLICANT/COMPANY

1. (i) Name of applicant -----
(ii) Address of applicant -----
(iii) Telephone No. -----
(iv) Fax No -----
(v) Previous business experience -----
2. (i) Name of entity which undertake the business activity -----

(ii) Date of registration -----
(iii) Address of registered office -----

B. PARTICULARS OF DIRECTORS/SOLE PROPRIETOR/PARTNERS

NAME	ID NO./ PASSPORT NO.	NATIONALITY	SHAREHOLDING	RESIDENTIAL ADDRESS

C. PROJECT DETAILS

- (i) Main customers base of proposed business -----

- (ii) Proposed location/zone -----
- (iii) Space required (in sq.m.) -----

D. EMPLOYMENT

- (i) Proposed number of employees -----
- (ii) Name of Managing Director/General Manager and qualifications;

E. DECLARATION

I hereby declare that to the best of my knowledge and belief all the particulars furnished in this application are true.

Signature of Applicant

Name in block letters

Designation

Date -----