



FORM II

ECONOMIC EMPOWERMENT ZONES ACT, 2018

APPLICATION FOR CONCESSIONS FOR BUSINESSES

1. Name of Applicant: _____

2. Nationality: _____

3. NIB No. or other I.D. No: _____

4. Date of Birth: _____

5. P. O. Box: _____

6. Telephone: _____

Facsimile: _____ Email: _____

7. If a company, name, date and place of incorporation: _____

8. Name of Directors, Officers and Beneficial Owners _____

9. Years of Business Existence: _____ Number of Employees: _____

10. Business National Insurance Number: _____

11. Street Address or Registered Office
(existing and prospective) _____

12. Describe the type and nature of business _____

13. Description of the type of products sold: _____

14. Annual Sales or Turnover: _____

15. Reason for exemption: (a) Business License Fee (b) Commercial Vehicle

16. Corporate Social Responsibility
Statement: _____

17. The following additional information is to provide by the applicant:-

- (a) Copy of Government issued Photo Identification
- (b) Copy of Valid Business License
- (c) Copy of incorporation documents (where applicable)
 - i) Certificate of Incorporation
 - ii) Memorandum of Association
 - iii) Articles of Incorporation
- (d) Tax Compliance Certificate
- (e) Evidence of fulfilling corporate social responsibilities (upon renewal)

OFFENCES

Any person who contravenes any provision of the Economic Empowerment Zones Act, 2018 or any regulations made thereunder or any condition of any certificate granted under the Act is liable to penalties of a fine of twice the value of the concessions granted or imprisonment and the assets concerned may be confiscated.

18. **DECLARATION:** I hereby declare that the above information is true and correct to the best of my knowledge, information and belief.

Signature of Applicant: _____ Date: _____

FOR OFFICAL USE ONLY

**To: Comptroller of Customs
Nassau, Bahamas**

Under the provision of Chapter 98 of the First Schedule to The TARIFF ACT, the Ministry of Finance has approved the attached listed items for duty-free importation by the above-named person or company.

This approval is VALID for one (1) year from date of approval.

Signed _____
(for) FINANCIAL SECRETARY

Date _____