

ANTIGUA AND BARBUDA INVESTMENT AUTHORITY
APPLICATION FOR INVESTMENT CERTIFICATE AND/OR CONCESSIONS

Section A

Business Name:

Individual Name(s):

Business Address:

Home Address:

Telephone Numbers:

Business: _____

Fax: _____

Home: _____

Cell: _____

Email Address: _____

Employed Elsewhere? Yes No *If yes, where* _____

PLEASE PROVIDE A COPY OF PHOTO IDENTIFICATION: DRIVERS LICENSE PASSPORT ELECTOR CARD

TYPE OF ENTITY

Sole Proprietorship

Partnership

Firm

Corporation

Do you already have an Investment Certificate? Yes

No

(If you have checked - yes) Date _____ *Number* _____

PLEASE PROVIDE NAME, ADDRESS AND NATIONALITY OF EACH SHAREHOLDER, PARTNER OR STAKEHOLDER AND PERCENTAGE OF SHARES/ OWNERSHIP HELD (USE ADDITIONAL SHEETS IF NECESSARY)

NAME	ADDRESS	NATIONALITY	% OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NATURE OF EXISTING AND/OR PROPOSED BUSINESS

EXISTING AND/OR PROPOSED CAPITAL INVESTMENT

Existing \$ _____ Proposed \$ _____ Total \$ _____

ORIGIN OF INVESTMENT

Local \$ _____ Foreign \$ _____ EC\$ Equivalent _____
Currency

SOURCE AND TYPE OF FUNDING

Antigua and Barbuda Other (give name of country)

Business Operations Personal Funds Financial Institution Donor Agency

EXISTING AND/OR PROJECTED NUMBER OF FULL TIME EMPLOYEES

Existing _____ Proposed _____ Total _____

Categories of jobs to be created

Section B

PLEASE INDICATE BELOW ALL ITEMS FOR WHICH CONCESSION(S) ARE REQUESTED:

- Raw Materials, Building Materials, Furniture, Furnishings, Fixtures, Fittings, Appliances, Tools, Spare Parts
- Plant, Machinery and Equipment (circle as appropriate)
- Motor Vehicle (s): Please specify type and quantity

Income Tax Holiday (how many years?) _____

Property Tax

Stamp Duty on Non-Citizen Land Holding License

Stamp Duty on Land Transfers

Withholding Tax

Section C

Purpose for which Concession(s) are requested:

Expansion of Existing Business New Business Other _____

Section D

PLEASE PROVIDE VALUES FOR WHICH CONCESSION(S) ARE REQUESTED

a) Cost Price of items(s) \$ _____
(If more than one item is requested, please provide a detailed/itemized list with cost on a separate sheet of paper)

b) Estimated Value of Concession(s) requested \$ _____
(amount to be waived in taxes)

Duties \$ _____ Income Tax \$ _____ Other \$ _____ Total \$ _____

Section E

HAVE YOU OR YOUR BUSINESS/ COMPANY/ ORGANIZATION EVER REQUESTED DUTY FREE CONCESSION(S)? YES NO
 IF YES, WAS THE REQUEST: APPROVED *(please provide details as to date and concession(s) received)* DECLINED *(please state reason)*

DATE	DETAILS

Section F

Please provide the following business information:

i. Tax Identification #

(Number should be provided on a tax payment report or receipt provided by the Inland Revenue Department and attached to the application)

ii. Date business registered

iii. Is the business contributing to Social Security; Medical Benefits Scheme and Board of Education?
(New businesses - please provide a copy of registration letter. Established businesses - please provide letter from relevant authority, indicating that the applicant is up-to-date with payment(s))

iv. Please review the list following for additional documents that are required for:

CORPORATION MORE THAN FIVE (5) YEARS OLD

- *Business Plan with a credible Financial Plan*
- *List of materials and equipment for which the business is seeking concession(s) (List should be accompanied by a cost evaluation of the same)*
- *An Environmental Impact Assessment Study (if necessary)*
- *Planning approval by the DCA (if necessary)*
- *Articles of Incorporation*
- *Bylaws*
- *Audited Financial Statements for the last Three (3) to Five (5) years*
- *Evidence of the Company being current in local taxes*
- *A current equipment list detailing age, appraisal, liquidation and replacement value*
- *Debt and leases, including information about lender, terms, interest rate and payment schedule*
- *Litigation, including current and potential*
- *Profiles of Key Executives*

NEW CORPORATION

- *Business Plan with a credible Financial Plan*
- *List of materials and equipment for which the business is seeking concession(s) (List should be accompanied by a cost evaluation of the same)*
- *An environmental Impact Assessment Study (if necessary)*
- *Planning approval by the DCA (if necessary)*
- *Articles of Incorporation*
- *Bylaws*
- *Profiles of Key Executives*

SMALL ENTERPRISE

- *Business plan/outline - stating business objectives and its expected economic and social impact on the economy*
- *List of materials and equipment for which the enterprise is seeking concession(s) (List should be accompanied by a cost evaluation of the same)*
- *An environmental Impact Assessment Study (if necessary)*
- *Planning approval by the DCA (if necessary)*
- *Articles of Incorporation (if applicable)*
- *Bylaws (if applicable)*
- *Any other document that may be necessary*

TAXI/BUS OPERATORS FARMERS & FISHERMAN

TAXI / BUS OPERATORS:

- *Driver's License & Public Service Drivers' Permit*
- *Letter from the Transport Board confirming registration as Taxi/Bus Operator*
- *Letter from the Taxi or Bus Association or confirmation from the Transport Board that the applicant is assigned to a particular route/site.*
- *Ref: Section F, Item iii - If employed elsewhere, please provide a letter from your employer confirming that statutory contributions are being made on your behalf.*

FARMERS:

- *Application should first to be made through the Extension Division - Ministry of Agriculture*

FISHERMEN:

- *Application should first be through the Fisheries Division*

CERTIFICATION

The undersigned certifies that to the best of their knowledge and belief, all information contained in this application and in the accompanying attachments are true complete and correct. The undersigned agrees to notify the Antigua and Barbuda Investment Authority Immediately of any changes to this application. The undersigned authorizes the Antigua and Barbuda Investment Authority to contact without further notice to the applicant, any person/individual or institution etc. for the purpose of verifying information within this application. I have read Sections 16 to 24 and Schedules 1 and 4 of the Investment Authority Act, 2006 and understand the conditions and other obligations of receiving an Investment Certificate and concessions under the Act.

Individual/Business Name (s) (PRINT) _____

Applicant(s) Signature _____

Date: _____

Application with all relevant documentation should be addressed to:

**Antigua and Barbuda Investment Authority
Sagcor Financial Centre Suite #113
P O Box 80
#9 Factory Road
St. John's, Antigua**

FOR OFFICIAL USE ONLY

Date:

Investment Certificate No:

Period of Validity:
