

APPLICATION FORM (COMPANY) FOR EXCISE DUTY EXEMPTION ON DOUBLE SPACE CABIN / SINGLE SPACE CABIN VEHICLE

1	Company Name	
2	Surname of representative	
3	Other Names of Representative	
4	Company Address	
5	Identification	<p>Business Registration No:</p> <p>Sugar Insurance Fund Board Registration No:.....</p> <p>Small Planters Welfare Fund Registration No:.....</p> <p>National Identity Card No (of Representative):.....</p> <p>Tel No: (Home) (Mobile):</p> <p>Fax No:</p> <p>E-mail Address (if any):.....</p>
6	Nature of Business	<p>Please tick (✓) appropriate box(es) –</p> <p>Sugar Cane <input type="checkbox"/> Vegetables <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits <input type="checkbox"/></p> <p>Tobacco <input type="checkbox"/> Tea <input type="checkbox"/> Sheltered Farming <input type="checkbox"/></p> <p>Hydroponic Activities <input type="checkbox"/></p> <p>Location:</p> <p>Area under cultivation:</p> <p>If land is leased, state name of owner:</p> <p>Poultry <input type="checkbox"/> Cattle <input type="checkbox"/> Pig <input type="checkbox"/> Goat/Sheep <input type="checkbox"/> Beekeeping <input type="checkbox"/></p> <p>Location:</p> <p>Number:</p> <p>SMEs <input type="checkbox"/> Furniture Making <input type="checkbox"/> Light Engineering <input type="checkbox"/> Footwear Manufacturing <input type="checkbox"/></p> <p>Location:</p> <p>Turnover:</p>
7	Other Activities	<p>Is your company involved in other activities? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If YES, please specify:</i></p>

		<p>and state whether main or secondary:</p>						
8	Type of Labour	<p>Does your company have hired YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please fill in the table below:</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Details of hired labour</th> <th style="width:30%;">No. of employees</th> </tr> </thead> <tbody> <tr> <td>Permanent basis</td> <td></td> </tr> <tr> <td>Part-time basis</td> <td></td> </tr> </tbody> </table>	Details of hired labour	No. of employees	Permanent basis		Part-time basis	
Details of hired labour	No. of employees							
Permanent basis								
Part-time basis								
9	Marketing	<p>Does your company market its produce? (a) For export through a local agency YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please state name of agency:</i> </p> <p>(b) Through the Agricultural Marketing Board YES <input type="checkbox"/> NO <input type="checkbox"/> (c) Through a co-operative society YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please state name:</i> </p> <p>(d) Through middlemen YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please state name:</i> </p> <p>(e) Direct sale to consumers YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, please specify which market:</i></p>						
10	Excise Duty Exemption	<p>Excise duty exemption is being requested on: (please tick as appropriate(√))</p> <p><input type="checkbox"/> double space cabin vehicle</p> <p><input type="checkbox"/> single space cabin vehicle</p> <p>Is this the company's first application? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If NO, when did the company last apply:</i></p> <p>Has your company benefitted from the scheme? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, when:</i></p>						

11	Declaration	I, , representative (full name in BLOCK LETTERS) ofCompany (full name in BLOCK LETTERS) do hereby declare that the information in this Form is true and correct. Date: Signature:
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