

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

1	Company Name	
2	Surname of Representative	
3	Other Names of Representative	
4	Company Address	
5	Identification	Business Registration No: Tel No: (Mobile No of Representative): Fax No: E-mail Address (if any): National Identity Card No (of representative):
6	Nature of Business	Please tick (✓) appropriate box(es) – Fish <input type="checkbox"/> vegetables <input type="checkbox"/> flowers <input type="checkbox"/> fruits <input type="checkbox"/> Location: Area under cultivation: If land is leased, state name of owner: ----- poultry <input type="checkbox"/> cattle <input type="checkbox"/> pig <input type="checkbox"/> Goat/Sheep <input type="checkbox"/> Location: Number: ----- SMEs <input type="checkbox"/> furniture making <input type="checkbox"/> light engineering <input type="checkbox"/> footwear manufacturing <input type="checkbox"/> Location: Turnover:

7	Other Activities	<p>Is your company involved in other activities? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify:</p> <p>and state whether main or secondary:</p>						
8	Type of Labour	<p>Does your company have hired labour? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please fill in the table below:</p> <table border="1" data-bbox="516 474 1401 663"> <thead> <tr> <th data-bbox="516 474 1062 537">Details of hired labour</th> <th data-bbox="1062 474 1401 537">No. of employees</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 537 1062 600">Permanent basis</td> <td data-bbox="1062 537 1401 600"></td> </tr> <tr> <td data-bbox="516 600 1062 663">Part-time basis</td> <td data-bbox="1062 600 1401 663"></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?</p> <p>(a) For export through a local agency <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please state name of agency:</p> <p>.....</p> <p>(b) Through the Agricultural Marketing Board <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(c) Through a co-operative society <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please state name:</p> <p>.....</p> <p>(d) Through middlemen <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please state name:</p> <p>.....</p> <p>(e) Direct sale to consumers <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify which market:</p> <p>.....</p>						
10	Excise Duty Exemption	<p>Excise duty exemption is being requested on:</p> <p>(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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, when did the company last apply:</p> <p>Has your company benefitted from the scheme? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, when:</p>
<p>II Declaration</p>		<p>I,, representative (full name in BLOCK LETTERS)</p> <p>ofCompany (full name in BLOCK LETTERS)</p> <p>do hereby declare that the information in this Form is true and correct.</p> <p>Date: Signature:</p>