



Company Name:						Date:					
COMPANY INFORMATION											
Email:				Telephone:				Director(s):			
Physical Address:								Legal Representative:			
Company Status: <input type="checkbox"/> Trading <input type="checkbox"/> Finance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agro-Processing <input type="checkbox"/> Service <input type="checkbox"/> Other											
Description of Other (If it applies):											
Legal Entity Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited by Guarantee (LTD) <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> Non-Profit (NPO) <input type="checkbox"/>											
COMPANY OPERATIONS											
Expected Date of Commencement: [DD/MM/YY]											
Expected Date of Maximum Operations: [DD/MM/YY]											
Surface area of facility: [ft <sup>2</sup> ]											
LABOUR FORCE											
PERSONNEL NEEDED TO INITIATE OPERATIONS											
Professional: #			Technical: #			Other: #			Nationality (Specify): #		
Sex: #M    #F			Total Employees: #			Working permit(s) required: <input type="checkbox"/> Y <input type="checkbox"/> N					
PERSONNEL NEEDED AT MAXIMUM CAPACITY											
Professional: #			Technical: #			Other: #			Nationality (Specify): #		
Sex: #M    #F			Total Employees: #			Working permit(s) required: <input type="checkbox"/> Y <input type="checkbox"/> N					
REQUIRED SERVICES											
Electricity: <input type="checkbox"/> Y <input type="checkbox"/> N				Water: <input type="checkbox"/> Y <input type="checkbox"/> N				Other Industrial Service(s) Needed:		Telecommunications: Phone Lines: Y <input type="checkbox"/> N <input type="checkbox"/>	
Load:		Voltage Needed:       V		Required Volume:		lt/s		Internet: Y <input type="checkbox"/> N <input type="checkbox"/> Other:			
Average Monthly Consumption: Electricity				Water				Other			
COMMENTS											
Under penalty of law, the above information is true to the best of my knowledge. The business name being registered is not that of another known firm, company, corporation or association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds. No other firm, person or corporation is associated in partnership with the registrant(s). This registration form must be signed by an officer of the corporation, limited liability company or unincorporated association, who is authorized to sign on behalf of the organization. The proprietor must sign for a sole proprietorship.											
Signature _____						Date _____					