REGISTRATION OF A COROZAL FREE ZONE SUBSIDIARY

Company Name:	Date:

COMPANY INFORMATION

Director(s):	Compliance Certificate No.:

Name of Subsidiary:	Subsidiary #:
	Address of Subsidiary:
	Plaza:	Locale:

Tax Identifiaction Number (TIN):

Name of General Manager:

COMPANY OPERATIONS

Expected Date of Commencement: [DD/MM/YY]

Expected Date of Maximum Operations: [DD/MM/YY]

Surface area of facility: [ft^2]

LABOUR FORCE

PERSONNEL NEEDED TO INITIATE OPERATIONS

Professional: #	Technical: #	Other: #	Nationality (Specify): #
Sex: #M #F	Total Employees: #	Working permit(s) required: ☐ Y ☐ N	

PERSONNEL NEEDED AT MAXIMUM CAPACITY

Professional: #	Technical: #	Other: #	Nationality (Specify): #
Sex: #M #F	Total Employees: #	Working permit(s) required: ☐ Y ☐ N	

REQUIRED SERVICES

Electricity: ☐Y ☐ N	Water: ☐Y ☐ N	Other Industrial Service(s) Needed:	Telecommunications: Phone Lines: Y ☐ N ☐
Load: Voltage Needed: V	Required Volume: lt/s		Internet: Y ☐ N ☐ 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