

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

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|------------------------------|--------------------------------------|--|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|----------------|--------------------------|------------|--------------------------|--|--|--|--|------------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|----------------|--------------------------|---------------|--------------------------|------------|--------------------------|-------------|--------------------------|--|--|--|--|-------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| 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): Sugar Insurance Fun Board Registration No.: National Identity Card No (of representative): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Nature of Business | Please tick (V) appropriate box(es) – <table style="width: 100%; border: none;"> <tr> <td>Sugar cane</td><td><input type="checkbox"/></td> <td>Vegetables</td><td><input type="checkbox"/></td> <td>Flowers</td><td><input type="checkbox"/></td> <td>Fruits</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tobacco</td><td><input type="checkbox"/></td> <td>Tea</td><td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>Hydroponic activities</td><td><input type="checkbox"/></td> <td>Sheltered farming</td><td><input type="checkbox"/></td> <td colspan="4"></td> </tr> </table> Location: Area under cultivation: If land is leased, please give name of owner: <table style="width: 100%; border: none;"> <tr> <td>poultry</td><td><input type="checkbox"/></td> <td>cattle</td><td><input type="checkbox"/></td> <td>pig</td><td><input type="checkbox"/></td> </tr> </table> Location: Number: <table style="width: 100%; border: none;"> <tr> <td>SMEs</td><td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>furniture making</td><td><input type="checkbox"/></td> <td>light engineering</td><td><input type="checkbox"/></td> <td>footwear manufacturing</td><td><input type="checkbox"/></td> </tr> </table> Location: Turnover: | Sugar cane | <input type="checkbox"/> | Vegetables | <input type="checkbox"/> | Flowers | <input type="checkbox"/> | Fruits | <input type="checkbox"/> | Tobacco | <input type="checkbox"/> | Tea | <input type="checkbox"/> | | | | | Hydroponic activities | <input type="checkbox"/> | Sheltered farming | <input type="checkbox"/> | | | | | poultry | <input type="checkbox"/> | cattle | <input type="checkbox"/> | pig | <input type="checkbox"/> | SMEs | <input type="checkbox"/> | | | | | furniture making | <input type="checkbox"/> | light engineering | <input type="checkbox"/> | footwear manufacturing | <input type="checkbox"/> |
| Sugar cane | <input type="checkbox"/> | Vegetables | <input type="checkbox"/> | Flowers | <input type="checkbox"/> | Fruits | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tobacco | <input type="checkbox"/> | Tea | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroponic activities | <input type="checkbox"/> | Sheltered farming | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| poultry | <input type="checkbox"/> | cattle | <input type="checkbox"/> | pig | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMEs | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| furniture making | <input type="checkbox"/> | light engineering | <input type="checkbox"/> | footwear manufacturing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 7 | Other Activities | <p>Is your company involved in other activities? YES <input type="checkbox"/> NO <input type="checkbox"/></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? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please fill in the table below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Details of hired labour</th> <th style="width: 40%;">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?</p> <p>(a) For export through a local agency YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please state name of agency:</p> <p>.....</p> <p>(b) Through the Agricultural Marketing Board YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(c) Through a co-operative society YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please state name:</p> <p>.....</p> <p>(d) Through middlemen YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please state name:</p> <p>.....</p> <p>(e) Direct sale to consumers YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify which market:</p> <p>.....</p> | | | | | | |

