

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

<b>1</b>	<b>Company Name</b>	
<b>2</b>	<b>Surname of Representative</b>	
<b>3</b>	<b>Other Names of Representative</b>	
<b>4</b>	<b>Company Address</b>	
<b>5</b>	<b>Identification</b>	<p>Business Registration No: .....</p> <p>Tel No: ..... (Mobile No of Representative): .....</p> <p>Fax No: .....</p> <p>E-mail Address (if any): .....</p> <p>Sugar Insurance Fun Board Registration No.: .....</p> <p>National Identity Card No (of representative): .....</p>
<b>6</b>	<b>Nature of Business</b>	<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"/> tobacco <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"/></p> <p>Location: .....</p> <p>Number: .....</p> <p>SMEs <input type="checkbox"/></p> <p>furniture making <input type="checkbox"/> light engineering <input type="checkbox"/> footwear manufacturing <input type="checkbox"/></p> <p>Location: .....</p> <p>Turnover: .....</p>
<b>7</b>	<b>Other Activities</b>	<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	<b>Type of Labour</b>	<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"> <thead> <tr> <th data-bbox="485 197 1066 232">Details of hired labour</th> <th data-bbox="1066 197 1430 232">No. of employees</th> </tr> </thead> <tbody> <tr> <td data-bbox="485 232 1066 268">Permanent basis</td> <td data-bbox="1066 232 1430 268"></td> </tr> <tr> <td data-bbox="485 268 1066 304">Part-time basis</td> <td data-bbox="1066 268 1430 304"></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	<b>Marketing</b>	<p>Does your company market its produce? <input type="checkbox"/> YES <input type="checkbox"/> NO</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	<b>Excise Duty Exemption</b>	<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? <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>						
11	<b>Declaration</b>	<p>I, ....., representative (full name in BLOCK LETTERS) of .....Company (full name in BLOCK LETTERS) do hereby declare that the information in this Form is true and correct.</p> <p>Date: ..... Signature: .....</p>						