

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

<b>1</b>	<b>Title</b>	<i>(Mr, Ms, Mrs, etc)</i>
<b>2</b>	<b>Surname</b>	
<b>3</b>	<b>Other Names</b>	
<b>4</b>	<b>Marital Status</b>	
<b>5</b>	<b>Maiden Name</b>	<i>(if applicable)</i>
<b>6</b>	<b>Spouse Name</b>	<i>(if applicable)</i>
<b>7</b>	<b>Residential Address</b>	
<b>8</b>	<b>Identification</b>	<p>Business Registration No.: .....</p> <p>Sugar Insurance Fund Board Registration No.: .....</p> <p>Small Planters Welfare Fund Registration No.: .....</p> <p>National Identity Card No <i>(applicant)</i>: .....</p> <p>National Identity Card No <i>(spouse if applicable)</i>: .....</p> <p>Tel No: (Home) ..... (Mobile).....</p> <p>Fax No: .....</p> <p>E-mail Address <i>(if any)</i>: .....</p>
<b>9</b>	<b>Nature of Business</b>	<p>Please tick (✓) appropriate box(es) –  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, please give 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>

10	Address of Business							
		Tel No. : .....						
11	Membership	Membership of any co-operative society? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state the name: .....						
12	Other Activities	Besides the above activities, do you have any other occupation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: ..... and state whether main or secondary: .....						
13	Family Involvement	Does any member of your family help in your business? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state the number: .....						
14	Type of Labour	Do you have hired labour? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please fill in the table below: <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Details of hired labour</th> <th>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								
15	Marketing	Do you market your produce? (a) For export through a local agency <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state name of agency: ..... ..... (b) Through the Agricultural Marketing Board <input type="checkbox"/> YES <input type="checkbox"/> NO (c ) Through a co-operative society <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state name: ..... ..... (d) Through middlemen <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state name: ..... ..... (e) Direct sale to consumers <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify which market: ..... .....						
16	Revenue	How much do you rely on your revenue from your business activities for your living? <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%						

17	<b>Excise Duty Exemption</b>	<p>I am applying for exemption of excise duty 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 your first application? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p><i>If NO, when did you last apply: .....</i></p> <p>Have you benefitted from the scheme? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p><i>If YES, when: .....</i></p>
18	<b>Declaration</b>	<p>I, ..... (full name in BLOCK LETTERS)</p> <p>do hereby declare that the information in this Form is true and correct.</p> <p><i>Date: ..... Signature: .....</i></p> <p><i>(State the name if declaration is not made on own behalf) .....</i></p> <p>.....</p>