

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

1	Title	(Mr, Ms, Mrs, etc)
2	Surname	
3	Other Names	
4	Marital Status	
5	Maiden Name	(if applicable)
6	Spouse Name	(if applicable)
7	Residential address
8	Identification	Business Registration No: Sugar Insurance Fund Board Registration No: Small Planters Welfare Fund Registration No:..... National Identity Card No (applicant):..... National Identity Card No (* Spouse if applicable):..... Tel No: (Home) (Mobile): Fax No: E-mail Address (if any):
9	Nature of Business	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"/> Tea <input type="checkbox"/> Sheltered Farming <input type="checkbox"/> Hydroponic Activities <input type="checkbox"/> Location: Area under cultivation: If land is leased, state name of owner: Poultry <input type="checkbox"/> Cattle <input type="checkbox"/> Pig <input type="checkbox"/> Goat/Sheep <input type="checkbox"/> Beekeeping <input type="checkbox"/> Location: Number: SMEs <input type="checkbox"/> furniture making <input type="checkbox"/> light engineering <input type="checkbox"/> footwear <input type="checkbox"/> manufacturing Location: Turnover:

10	Address of Business	<p>.....</p> <p>Tel No:</p>						
11	Membership	<p>Membership of any co-operative Society? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If Yes, please state the name:</p>						
12	Other Activities	<p>Besides the above activities, do you have any other occupation ? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If Yes, please specify :</p> <p>And state whether main or secondary :</p>						
13	Family Involvement	<p>Does any member of your family help in your business? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please state the number:</p>						
14	Type of Labour	<p>Do you 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" data-bbox="459 763 1444 913"> <thead> <tr> <th data-bbox="459 763 954 831">Details of hired labour</th> <th data-bbox="954 763 1444 831">No. of employees</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 831 954 875">Permanent basis</td> <td data-bbox="954 831 1444 875"></td> </tr> <tr> <td data-bbox="459 875 954 913">Part-time basis</td> <td data-bbox="954 875 1444 913"></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	<p>Do you market your 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>(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>(d) Through middlemen YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please state name:</p> <p>(e) Direct sale to consumers YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify which market:</p>						
16	Revenue	<p>How much do you rely on your revenue from your business activities for your living?</p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%</p>						

<p>17</p>	<p>Excise Duty Exemption</p>	<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? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If NO, when did you last apply:</p> <p>Have you benefitted from the scheme? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, when:</p>
<p>18</p>	<p>Declaration</p>	<p>I,, (full name in BLOCK LETTERS) do hereby declare that the information in this Form is true and correct.</p> <p>Date: Signature:</p> <p>(state the name if declaration is not made on own behalf).....</p>