

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

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.: 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): vegetables <input type="checkbox"/> flowers <input type="checkbox"/> fruits <input type="checkbox"/> Location: Area under cultivation: If land is leased, please give name of owner: poultry <input type="checkbox"/> cattle <input type="checkbox"/> pig <input type="checkbox"/> Goat/Sheep <input type="checkbox"/> Location: Number:

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="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Details of hired labour</th> <th style="text-align: left;">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:						

		<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>
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>
17	Excise Duty Exemption	<p>I am applying for exemption of excise duty on:</p> <p>(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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, when did you last apply:</p> <p>Have you benefitted from the scheme? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, when:</p>
18	Declaration	<p>I,</p> <p style="text-align: center;">(full name in BLOCK LETTERS)</p> <p>do hereby declare that the information provided 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> <p>.....</p>