



FZB FORM 4

REPUBLIC OF GHANA
FREE ZONE BOARD
APPLICATION FOR FREE ZONE ENTERPRISE LICENCE

Serial No.

A. PARTICULARS OF ENTRPRISE

1. Name of Enterprise: Tel:
 2. Postal Address: Fax:
 3. Location of Office: E-mail:
 4. Date of Incorporation of Company:
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B. PARTICULARS OF DIRECTOR/SHAREHOLDERS:

Names of Directors	Nationality	No. & Value of Shares	Residential Address

C. PROJECT DESCRIPTION

1. Type of Project

2. Location of Project /Ownership of Estate
(Attach copy of Title to land/lease agreement)

D. MACHINERY/EQUIPMENT REQUIRED FOR PROPOSED PROJECT

Major items of machinery	Condition (new or used)	Country of origin	Estimated Cost

*State machinery exceeding 20 percent of the total machinery cost.

E. PRODUCTION SCHEDULE

Indicate the estimated annual production for the first 3 years of each product.

Proposed Products	1stYear		2ndYear		3rdYear	
	Qty	Ex-Factory Value (US\$)	Qty	Ex-Factory Value (US\$)	Qty	Ex-Factory Value (US\$)

F. RAW MATERIALS/COMPONENTS REQUIRED

Indicate raw materials/components required in the manufacture of proposed product (s) for the first 12 months.

Raw materials/components	Quantity	Value (US\$)	Locally available or imported

G. Describe effluence and other pollutants that may result from your production and measures to control same.

H. EXPORT SCHEDULE

1. Indicate the estimated annual exports to foreign markets for the first 3 years for each product.

Proposed Products	1stYear		2ndYear		3rdYear	
	Qty	Export Value (US\$)	Qty	Export Value (US\$)	Qty	Export Value (US\$)

2. Please indicate principal export destinations.

I. EMPLOYMENT SCHEDULE

Indicate estimated total number of national expatriate (full-time) employees for the first 3 years.

Employment Category	1stYear		2nd Year		3rd Year	
	Nat	Exp	Nat	Exp	Nat	Exp
1. Managerial Staff						
2. Technical & Supervisory Staff						
3. Factory Workers						
a. Skilled						
b. Unskilled						
4. Others						

J. SALARIES/WAGES SCHEDULE

Please indicate estimated total salaries/wages for national and expatriate employees for the first 3 years.

Employment Category	1stYear		2ndYear		3rdYear	
	Nat	Exp	Nat	Exp	Nat	Exp
1. Managerial Staff						
2. Technical & Supervisory Staff						

3. Factory Workers						
a. Skilled						
b. Unskilled						
4. Others						

K. FINANCIAL CONDITIONS

1. Estimated total amount of capital for Project US\$

2. Funding;			
i.	Local Equity	—	US\$ _____
ii.	Foreign Equity	—	US\$ _____
iii.	Local Loan	—	US\$ _____
iv.	Foreign Loan	—	US\$ _____
v.	Suppliers Credit	—	US\$ _____
vi.	Others (Specify)	—	US\$ _____
vii.	TOTAL	—	US\$ _____

3. Please indicate status of commitment of loan capital by proposed source:

L. LIST OF DOCUMENTS ATTACHED

DECLARATION

I hereby declare that to the best of my knowledge and belief all the particulars furnished in this application are true and indemnify the Free Zone Board for any misrepresentation, omissions and/or any information that may in future prove to be false.

Date _____

Signature of Chief Executive
Officer

Name (in block letters)