

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
CAPITAL INVESTMENT SCHEDULE**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| ACTUAL AMOUNT OF CAPITAL INVESTED (US\$) | |
|---|-----------------------------------|
| CURRENT QUARTER | CUMMULATIVE (CURRENT YEAR) |
| | FIRST QUARTER..... |
| | SECOND QUARTER..... |
| | THIRD QUARTER..... |
| | FOURTH QUARTER..... |
| | TOTAL |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
CONSTRUCTION MATERIAL SCHEDULE (IMPORTS)**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| GFZB FORM 9 SERIAL NO. | ITEM PRODUCT | OPENING STOCK | | ADDITIONAL STOCK | | RAW MATERIAL USED | | CLOSING STOCK | |
|---------------------------------|-----------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|
| | | Unit/ Volume (M/T) | Value (US\$) | Unit/ Volume (M/T) | Value (US\$) | Unit/ Volume (M/T) | Value (US\$) | Unit/ Volume (M/T) | Value (US\$) |
| | | | | | | | | | |
| TOTAL | | | | | | | | | |

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
IMPORT SCHEDULE
(FOR IMPORTS OTHER THAN CONSTRUCTION MATERIAL)**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| GFZB FORM 9 SERIAL NUMBER | PRODUCT/ ITEM | VOLUME (M / T) | VALUE (US\$) |
|------------------------------|---------------|----------------|--------------|
| | | | |
| TOTAL | | | |

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS OF ENCLAVE DEVELOPERS STATUS OF DEVELOPMENT

Name Of Company: Licence No.: Location Tel:..... Fax:
Quarter:..... 20.....

1. TOTAL AREA AVAILABLE FOR DEVELOPMENT.....(Acres).....(Hectares)

- SERVICED LAND.....(Acres).....(Hectares).....(Percentage)
- BUILT-UP AREA.....(Acres).....(Hectares).....(Percentage)
- UNDEVELOPED AREA.....(Acres).....(Hectares).....(Percentage)
- TOTAL FLOOR SPACE(SQ. METRES)

2. TOTAL AREA DEVELOPED & OCCUPIED BY FREE ZONES ENTERPRISES

- SERVICED LAND.....(Acres).....(Hectares).....(Percentage)
- BUILT-UP AREA.....(Acres).....(Hectares).....(Percentage)
- TOTAL NUMBER OF FLOORS(NO.).....(SQ. METRES)

3. TOTAL AREA CONTRACTED BUT UNOCCUPIED

- SERVICED LAND.....(Acres).....(Hectares).....(Percentage)
- BUILT-UP AREA.....(Acres).....(Hectares).....(Percentage)

Name of Officer:.....

Signature & Stamp:.....

Date:

QUARTERLY RETURNS OF ENCLAVE DEVELOPERS STATUS OF ON-SITE INFRASTRUCTURE DEVELOPMENT

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

1. **TOTAL LENGTH OF ROADS CONSTRUCTED.....(KM)**
 - TOTAL LENGTH ASPHALTED.....(KM)
 - TOTAL LENGTH GRAVELLED.....(KM)
 - TOTAL LENGTH COVERED WITH LATERITE.....(KM)

2. **TOTAL AREA OF PARKING SPACE.....**
3. **TOTAL AREA OF PAVED YARD.....**
4. **TOTAL LENGTH OF ELECTRICITY CONNECTIONS.....**
5. **TOTAL LENGTH OF WATER LINES CONSTRUCTED.....**
6. **TOTAL NUMBER OF CULVERTS CONSTRUCTED.....**
7. **TOTAL LENGTH OF TELEPHONE LINES CONSTRUCTED.....**

Name of Officer:.....

Signature & Stamp:.....

Date:

QUARTERLY RETURNS OF ENCLAVE DEVELOPERS EMPLOYMENT SCHEDULE

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| MANAGERIAL STAFF | | | | TECH. & SUPERVISORY | | | | SKILLED | | | | UNSKILLED | | | | TOTAL | | | | TOTAL | | GRAND TOTAL |
|------------------|---|------|---|---------------------|---|------|---|---------|---|------|---|-----------|---|------|---|-------|---|------|--|-------|--|-------------|
| Nat. | | Exp. | | Nat. | | Exp. | | Nat. | | Exp. | | Nat. | | Exp. | | Nat. | | Exp. | | | | |
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
ACTUAL SALARY / WAGE SCHEDULE OF EMPLOYEES IN U.S. DOLLARS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| MANAGERIAL STAFF | | TECH. & SUPERVISORY | | SKILLED | | UNSKILLED | | TOTAL | | GRAND TOTAL |
|---------------------|------|------------------------|------|---------|------|-----------|------|-------|------|-------------|
| Nat. | Exp. | Nat. | Exp. | Nat. | Exp. | Exp. | Nat. | Exp. | Nat. | |
| | | | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
ACTUAL INCOME TAX SCHEDULE OF EMPLOYEES PAYABLE TO I.R.S IN U.S. DOLLARS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| MANAGERIAL STAFF | | TECH. & SUPERVISORY | | SKILLED | | UNSKILLED | | TOTAL | | GRAND TOTAL |
|------------------|------|---------------------|------|---------|------|-----------|------|-------|------|-------------|
| Nat. | Exp. | Nat. | Exp. | Nat. | Exp. | Exp. | Nat. | Exp. | Nat. | |
| | | | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
ACTUAL SOCIAL SECURITY CONTRIBUTION FOR THE QUARTER IN U. S. DOLLARS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| | MANAGERIAL STAFF | TECH. & SUPERVISORY | SKILLED | UNSKILLED | TOTAL | GRAND TOTAL |
|------------------|------------------|---------------------|---------|-----------|-------|-------------|
| | Nat | Nat | Nat. | Nat. | | |
| EMPLOYER (12.5%) | | | | | | |
| EMPLOYEE (5%) | | | | | | |
| TOTAL | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
ENVIRONMENTAL REPORT ON OPERATIONS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| | | | STATUS | | |
|---------------------------|-------------------------------|--|----------------------|--|--------------------------------------|
| DATE OF EPA PERMIT | PRODUCT (S) / ACTIVITY | TYPE OF ENVIRONMENTAL REPORT REQUIRED | NOT INITIATED | INITIATED - PROCESS NOT COMPLETED | PERMIT GRANTED/ PERMIT NUMBER |
| | | | | | |

Name of Officer:

Signature / Stamp:

Date:

**QUARTERLY RETURNS OF ENCLAVE DEVELOPERS
 FACTORIES INSPECTORATE CERTIFICATION**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| | | | STATUS | | |
|--------------------------------------|-----------------------------------|---|----------------------|--|--|
| DATE OF FID CERTIFICATION | PRODUCT (S) / ACTIVITY | TYPE OF CERTIFICATION REQUIRED | NOT INITIATED | INITIATED - PROCESS NOT COMPLETED | CERTIFICATE GRANTED/RENEWED /CERTIFICATE NUMBER |
| | | | | | |

Name of Officer:

Signature / Stamp:

Date:

QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES EMPLOYEES TRAINING SCHEDULE FOR NATIONALS

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| MANAGERIAL STAFF | | | TECHNICAL & SUPERVISORY STAFF | | | SKILLED | | | UNSKILLED | | | TOTAL NO. OF EMPLOYEES TRAINED | TOTAL COST \$ |
|------------------|--------------|-----------------|-------------------------------|--------------|-----------------|---------|--------------|-----------------|-----------|--------------|-----------------|--------------------------------|---------------|
| No. | Type Of Trg. | Cost Of Trg. \$ | No. | Type Of Trg. | Cost Of Trg. \$ | No. | Type Of Trg. | Cost Of Trg. \$ | No. | Type Of Trg. | Cost Of Trg. \$ | | |
| | | | | | | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES EMPLOYEES TRAINING SCHEDULE FOR EXPATRIATES

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| MANAGERIAL STAFF | | | TECHNICAL & SUPERVISORY STAFF | | | SKILLED | | | UNSKILLED | | | TOTAL NO. OF EMPLOYEES TRAINED | TOTAL COST \$ |
|------------------|--------------|-----------------|-------------------------------|--------------|-----------------|---------|--------------|-----------------|-----------|--------------|-----------------|--------------------------------|---------------|
| No. | Type Of Trg. | Cost Of Trg. \$ | No. | Type Of Trg. | Cost Of Trg. \$ | No. | Type Of Trg. | Cost Of Trg. \$ | No. | Type Of Trg. | Cost Of Trg. \$ | | |
| | | | | | | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES WITHHOLDING TAX

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| NAME OF SERVICE COMPANY | DESCRIPTION OF SERVICE/GOODS PROVIDED | GROSS VALUE OF PAYMENT | WITHHOLDING TAX | PERCENTAGE |
|-------------------------|---------------------------------------|------------------------|-----------------|------------|
| | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....

VEHICLE EXEMPTIONS TO FREE ZONE ENTERPRISES

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

| VEHICLE MAKE | CHASSIS NUMBER | ENGINE NUMBER | REGISTRATION NO. | DATE OF EXEMPTION | GFZB FORM 9 NO. | NAME/ADDRESS OF CONSIGNOR | DATE OF PURCHASE/ORDER | ISSUING OFFICER |
|--------------|----------------|---------------|------------------|-------------------|-----------------|---------------------------|------------------------|-----------------|
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| | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....