

**QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES
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 MANUFACTURING ENTERPRISES
RAW MATERIAL SCHEDULE**

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 MANUFACTURING ENTERPRISES IMPORT SCHEDULE

Name Of Company: Licence No.: Location

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

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

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES PRODUCTION SCHEDULE

Name Of Company: Licence No.: Location

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

| PRODUCT | VOLUME OF PRODUCTION (M/T) | VALUE OF PRODUCTION (US\$) |
|--------------|----------------------------|----------------------------|
| | | |
| TOTAL | | |

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES EXPORT SCHEDULE

Name Of Company: Licence No.: Location

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

| GCNET ENTRY NUMBER | PRODUCT | VOLUME (M / T) | VALUE (US\$) |
|-----------------------|---------|----------------|--------------|
| | | | |
| TOTAL | | | |

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

**QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES
LOCAL SALES SCHEDULE**

Name Of Company: Licence No.: Location

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

| FORM9A NUMBER | PRODUCT | NAME OF IMPORTER | VOLUME OF SALES (M / T) | VALUE OF SALES (US\$) | VAT/DUTIES PAID (US\$) |
|------------------|---------|------------------|----------------------------|--------------------------|---------------------------|
| | | | | | |
| TOTAL | | | | | |

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS OF MANUFACTURING ENTERPRISES 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 MANUFACTURING ENTERPRISES
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 MANUFACTURING ENTERPRISES
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 MANUFACTURING ENTERPRISES
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 MANUFACTURING ENTERPRISES
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 MANUFACTURING ENTERPRISES
 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 9D NO. | NAME/ADDRESS OF CONSIGNOR | DATE OF PURCHASE/ORDER | ISSUING OFFICER |
|--------------|----------------|---------------|------------------|-------------------|------------------|---------------------------|------------------------|-----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Name of Officer:.....

Signature & Stamp:.....

Date:.....