

**QUARTERLY RETURNS ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 ON OPERATIONS OF FREE ZONES ENTERPRISES (SERVICE/ ICT SECTOR)
NATIONAL COMMUNICATION AUTHORITY REPORT**

Name Of Company: Licence No.: Location

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

		S T A T U S (PLEASE TICK APPROPRIATE COLUMN)		
DATE OF LICENSE (NCA)	NCA REPORT REQUIRED	NOT INITIATED	INITIATED PROCESS - NOT COMPLETED	PERMIT GRANTED
TOTAL				

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
IMPORT SCHEDULE**

Name Of Company: Licence No.: Location

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

VOLUME	VALUE (US\$)
TOTAL	

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
PRODUCTION SCHEDULE**

Name Of Company: Licence No.: Location

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

Item / Service	Actual Qty	Actual Value (\$)
TOTAL		

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
EXPORT SCHEDULE**

Name Of Company: Licence No.: Location

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

Product/Service	Actual Qty	Actual Value (\$)
TOTAL		

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
LOCAL SALES SCHEDULE**

Name Of Company: Licence No.: Location

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

Product/Service	Actual Qty	Actual Value (\$)
TOTAL		

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS ON OPERATIONS OF SERVICE ENTERPRISES (ICT) 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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 SERVICE ENTERPRISES (ICT)
 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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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 ON OPERATIONS OF SERVICE ENTERPRISES (ICT)
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	REGISTRATI ON NO.	DATE OF EXEMPTION	GFZB FORM 9 NO.	NAME/ADDRESS OF CONSIGNOR	DATE OF PURCHAS E/ORDER	ISSUING OFFICER

Name of Officer:.....

Signature & Stamp:.....

Date:.....

