



## **SMALL BUSINESS REGISTRATION FORM**

# EAST PORT OF SPAIN DEVELOPMENT COMPANY LIMITED

## REGISTRATION OF SMALL BUSINESS OWNERS AND SERVICE PROVIDERS

### 1.0 GENERAL INFORMATION

a. **Name of Owner:** \_\_\_\_\_

b. **Address of Business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. **Address of other locations (if any):** \_\_\_\_\_

\_\_\_\_\_

d. **Telephone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mobile #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

e. **Mailing Address ( if different from above):**

\_\_\_\_\_

\_\_\_\_\_

### 2.0 GENERAL MANAGEMENT STRUCTURE AND ORGANISATION FORM

#### 2.1 Type of Business

(Indicate by using a tick to mark the type of Organisation)

Sole Proprietor                       Partnership

Limited Company

Other: Please Specify: \_\_\_\_\_

\_\_\_\_\_

**2.2 Education/Expertise/Skills of Owner**

Indicate highest level of education

- |  |   |
|--|---|
| <input type="checkbox"/> Primary School            | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Technical Vocation School | <input type="checkbox"/> Tertiary         |

Indicate special skills possessed (example catering, welding, masonry, construction etc.) please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.3 Type of Business**

What type of business or service do you have?

- |                                    |   |  |  |                                   |
|------------------------------------|---|--|--|-----------------------------------|
| <input type="checkbox"/> Tyre shop | <input type="checkbox"/> Beauty salon               | <input type="checkbox"/> Electrical                      | <input type="checkbox"/> Landscaping         | <input type="checkbox"/> Car wash |
| <input type="checkbox"/> Hardware  | <input type="checkbox"/> Plumbing                   | <input type="checkbox"/> Catering                        | <input type="checkbox"/> Day-care/pre-school | <input type="checkbox"/> Taxi     |
| <input type="checkbox"/> Bar       | <input type="checkbox"/> Neighbourhood shop/parlour | <input type="checkbox"/> Airconditioning & Refrigeration |  |                                   |

Other, please specify: \_\_\_\_\_  
\_\_\_\_\_

**3.0 CERTIFICATES**

Please indicate which of the following is available:

- |   |                             |   |
|---|-----------------------------|---|
| (a) BIR Registration Number                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes # _____                      |
| (b) NIS Registration Number                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes # _____                      |
| (c) VAT Registration Number                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes # _____                      |
| (d) Certificate of Registration/<br>Incorporation | <input type="checkbox"/> No | <input type="checkbox"/> Yes                              |
| (e) Certificate of Continuance                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |

(Where applicable, please provide copies of all documents referred to above)

**4.0 HUMAN RESOURCES**

Number of Permanent staff:

Number of temporary staff:

**5.0 FINANCIAL CAPACITY**

a) Name and Address of Bank/Financial Institution

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**6.0 STATEMENT OF SUBMISSION**

I hereby certify that the information submitted in this Registration Form is true and correct to the best of my knowledge and belief.

This information will be used to register this company with East Port of Spain Development Company Limited.

**Name in Block Letters** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Position in Company** \_\_\_\_\_

**Date** \_\_\_\_\_

**Affix Company Seal or Stamp Here:**

Please submit completed Registration to:

**Business Development Unit  
East Port of Spain Development Company Limited  
#76 Eastern Main Road  
Laventille**

**For further information please call; 623 6007**