



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/ 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

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