

# CHAGUARAMAS DEVELOPMENT AUTHORITY

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## APPLICATION FOR THE USE OF PROPERTY IN THE CHAGUARAMAS REGION

Name: \_\_\_\_\_

Sole Proprietor  Partnership  Corporation  State Agency

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business							
Marine	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Light Industrial	<input type="checkbox"/>	Tourism	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Institutional	<input type="checkbox"/>	Knowledge-Based	<input type="checkbox"/>
Other ( Explain )	<input type="checkbox"/>						

### Associated Companies ( Parent, Subsidiary, Associate )


### Major Shareholders/ Principal / Partners

Name	Nationality	Address	% Ownership

**DIRECTORS**

Name	Address	Profession/ Occupation	Other Directorships

**MANAGEMENT ( EXISTING & PROPOSED)  
CURRICULUM VITAE OF KEY MANAGEMENT TO BE ATTACHED**

Name	Position/Title

**BANKERS AND ADDRESSES (BANKER’S REFERENCES REQUIRED)**

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Estimated Investment in Land Development \$ \_\_\_\_\_

Estimated Investment in Building Development \$ \_\_\_\_\_

Estimated Investment in Plant and Equipment \$ \_\_\_\_\_

Number of Jobs to be created during Preparation/Construction \_\_\_\_\_

Estimated Number of Permanent Jobs to be Created \_\_\_\_\_

WILL ANY SPECIAL EXPERTISE BE REQUIRED TO COMPLETE OR ESTABLISH THE PROJECT  
Y/N. If Yes, Please Identify.

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**LEVEL OF INFRASTRUCTURAL SUPPORT REQUIRED**

Electricity	_____
Water	_____
Telephones	_____
Sewerage	_____
Road Development	_____
Other (Explain)	_____

**INDICATE APPROVALS REQUIRED FROM REGULATORY BODIES**

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**INDICATE FLOOR SPACE AND OR LAND SPACE ACREAGE REQUIRED**

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**ENVIRONMENTAL EFFECTS**

State if Grease, Fuel, Toxic Materials are to be used and the Method of Disposal

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**SAFETY MEASURES PROPOSED FOR WORKERS, FIRE PREVENTION EQUIPMENT, ETC.**

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**A BUSINESS PLAN IS TO BE SUBMITTED WHICH INCLUDES THE FOLLOWING:**

- 1. Full description of the project.
- 2. Sales forecast for five (5) years.
- 3. Projected balance sheet, income statement and cash flow statement for five (5) years.
- 4. Start - Ups cost.
- 5. Market segmentation analysis
- 6. Industry analysis

**DECLARATION  
( To be signed by all applications )**

WE DECLARE THAT I AM/WE ARE OF FULL AGE AND UNDER NO LEGAL IMPEDIMENT AND THAT ALL THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

DATED THIS: ..... DAY OF ..... 20.....

**SOLE PROPRIETORS AND PARTNERSHIPS**

SIGNED BY

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

IN THE PRESENCE OF:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

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**COMPANIES**

SIGNED BY THE SECRETARY

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

**AND DIRECTOR**

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

IN THE PRESENCE OF:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_