



FACTORIES CORPORATION OF JAMAICA LIMITED

APPLICATION FORM FOR FACTORY SPACE

1. Name of Applicant
- Address Telephone Number/s.....
- Email Address

2. **COMPANY INFORMATION (Attach copy of Certificate of Incorporation)**

- a) Company's Name
- b) Address of Registered Office
- c) Trading NameTRN.....
- d) Date of Incorporation Date Operation Commenced
- e) Shareholders and Shareholdings:
- | | | |
|------------|-----------------|----------|
| Name | % Holding | TRN..... |
| | % Holding | TRN..... |
| | % Holding | TRN..... |
| | % Holding | TRN..... |
- g) Mailing Address of Company
-
- h) Particulars of Manager/Managing Director (**Local**):
- Name.....
- Address
- Present.....
- PreviousTel. Number
- i) Particulars of Manager/Managing Director (**Overseas**):
- Name
- Address Present.....
- Previous.....Tel. Number
- j) Company's Attorney (Name, Address, Tel. No.)
-

3. **INFORMATION ON FACTORY SPACE REQUIRED**

- a) Space required (Square Ft./Metres)Date required
1. Business Activity to be carried on

- c) Desired Location (List in order of preference) 1.
2.

d) Please indicate (by tick in the left bracket) whether you are:

() Relocating () Expanding () Starting a New Operation

e) Period required for leaseYears

f) How much space will you need in 3 years?, in 5 years?

h) Referred to FCJ by: (indicate by a tick in the left bracket)

() Local Advertisement () Jampro () Other (State)

() Overseas Advertisement () Business Associates

4. **PRODUCTION INFORMATION**

a) **Major Products**

Products to be Manufactured	Annual Quantity	Annual Sale Value	Proportion Foreign Sales
1.			
2.			
3.			

b) **Major Raw Materials**

Raw Materials	Annual Quantity	Annual Cost Value	Proportion Foreign Cost
1.			
2.			
3.			

c) State volume of water used in the manufacturing process:Monthly

d) State waste product from manufacturing process:

..... Monthly Quantity

Method of disposal to be used

e) Anticipated employment

Year 1: Male FemaleTotal Cost

Year 2: Male FemaleTotal Cost

Year 3: Male FemaleTotal Cost

f) List machinery/equipment to be used and cost:

1. Cost Bought Already? Yes/No

2. Cost Bought Already? Yes/No

3. Cost Bought Already? Yes/No

- g) State any special requirement for safe operation or equipment and protection of building:
- h) State Agency and type of assistance being given to establish operation at location applied for:

5. **FINANCIAL DATA**

- a) Details of Loans

<u>Lender</u>	<u>Amount</u>	<u>Security</u>
1.		
2.		

- 1. Net Book Worth and Profit/Loss Projection for next two (2) years and actual for last two (2) years. **Attach Audited Financial Statement or Project**

Proposal for new company.

2.

	Projection Year	Projection Year	Year	Year
Total Assets
Total Liabilities
Assets Less Liabilities.....
Sales
Costs & Expenses

- c) Banker(s)/Financial Institution(s)

1. Name	2. Name
Address	Address
Contact Person	Contact Person
Proposed Guarantor	Proposed Guarantor

References

Name	Company	Title	Address & Tel#
.....
.....
.....

Personal Guarantor

Our lease requires the provision of a personal guarantor:

Name **Address**

.....

..... **Tel** **e-Mail**

Signature of Applicant:

Position of Signator:

Date:

FOR OFFICIAL USE ONLY

Financial Evaluation

Signature:

Date:

Client Appraisal & Factory Allocation (Marketing Manager)

- a) Client Appraisal:
- b) Location Allocated
- c) Area of Factory
- d) Annual Rental: Year 1 Year 2 Year 3
- e) Date lease will commence f) Date lease will expire

Credit Information:

.....
.....

References:

- 1. Comments:
- 2. Comments:
- 3. Comments:

Signature: Date:

Managing Director's Approval/Comments

Signature: Date:

Board of Directors: Approved Date Not Approved

Comments :