



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 Name TRN.....
 - 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.....	
Previous	Tel. 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
 - b) 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 Business Associates
 Overseas Advertisement Other (State).....

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 Female Total Cost
 Year 2: Male Female Total Cost
 Year 3: Male Female Total 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

Lender Amount Security

- 1.
- 2.

b) 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.**

1.	Projection Year	Projection Year	Projection Year	Projection 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 :