

FOREIGN INVESTMENT ACT, 1990 APPLICATION TO HOLD INTEREST IN PROPERTY

PLEASE PRINT INFORMATION IN BLOCK LETTERS
USING DARK BLUE OR BLACK INK PENS

I/We the undersigned do hereby apply under the Foreign Investment Act, 1990, to hold interest in property herein described.

	LAST	FIRST	MIDDLE
	LAST	FIRST	MIDDLE
Adduces of Applicant (s) (1)			
Address of Applicant (s) (1)	NUMBER		STREET
	CITY		
	STATE	ZIP	COUNTRY
(2)	NUMBER		STREET
	CITY		
	STATE	ZIP	COUNTRY
(a) Telephone (INCLUDE AREA CODE) (b) Fax (c) E-mail Address		_	
ame of Attorney or other A	Agent (if any)	FIRST	MIDDLE
	LAST		MIDDLE
	LAST	FIRST	MIDDLE
Name of Attorney or other A	LAST		MIDDLE

b) Fax	· · · · · · · · · · · · · · · · · · ·				
c) E-Mail Address					
FOR INDIVIDUALS ONLY					
7. Marital Status					
□ Single		Married		Widow/Widower	
☐ Separated		Divorced			
8. Maiden Name (where relevant)					
9. Date of Birth	_				
10. Occupation of Applicant					-
11. Present Nationality of Applican	ıt				
12. Former Nationality of Applicar	nt				
13. Passport Number of Applicant					
14. Date Passport Expires	(DD/MN	<i>M/YY)</i>			
15. Immigration Entrant Status of	Appl	icant			-
16. Present Residential Status of A	pplica	ant			_
17. Number and Expiry Date of W	ork P	ermit (if any)	NUMBER		_
			EXPIRY DATE (DD/MM/YY)	_
18. Period of Residence in Trinidae	1 & T	obago			_
FOR COMPANIES ONLY					
19. Name of Company and Countr	y of I	ncorporation	COMPANY NA	ME	-
			COUNTRY OF	INCORPORATION	-

21. Auth	orised Share Capital o	of Locally Ro	egistered Cor	mpany	
22. Issue	ed Share Capital of Ap	oplicant Con	mpany		
	nes of Shareholders wh eficial Shareholders ar				
LAST	FIRST	MIDDLE	LAST	FIRST	MIDDLE
LAST	FIRST	MIDDLE	LAST	FIRST	MIDDLE
LAST	FIRST	MIDDLE	LAST	FIRST	MIDDLE
4. Perc	entage of Foreign Sha	reholding _			
6. Num	entage of Voting Shar ber of Directors: Foreign	·	J	son(s)	
(a) 1 (b) 1	nber of Directors: Foreign Nationals of CARICOM Attach List of Names	l Member Sta	ites		
(a) 1 (b) 1 27. \square	nber of Directors: Foreign Nationals of CARICOM	l Member Sta	ites		
(a) 1 (b) 1 7. 8. Sta	nber of Directors: Foreign Nationals of CARICOM Attach List of Names tus of Company:	Member Sta	ites		
(a) I (b) I 27. 28. Sta	nber of Directors: Foreign Nationals of CARICOM Attach List of Names tus of Company: (a) Holding Company	Member Sta	ites		
26. Num (a) 1 (b) 1 27. 28. Sta (a) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	The of Directors: Foreign Nationals of CARICOM Attach List of Names tus of Company: (a) Holding Company (b) Parent Company	Member Sta	ates	ctors of Applic	cant Company
(a) 1 (b) 1 27.	The contractors: Foreign Nationals of CARICOM Attach List of Names tus of Company: (a) Holding Company (b) Parent Company (c) Subsidiary Company If a Holding or Paren	Member Sta	atesalities of Dire	ctors of Applic	cant Company Addresses of <u>ALL</u>
(a) 1 (b) 1 27.	The state of Directors: Foreign Nationals of CARICOM Attach List of Names tus of Company: (a) Holding Company (b) Parent Company (c) Subsidiary Company If a Holding or Parent sidiaries registered in	Member Sta	atesalities of Dire	ctors of Applic	cant Company Addresses of <u>ALL</u>
(a) I (b) I (7. (8. Sta (6) (9. sub	The state of Directors: Foreign Nationals of CARICOM Attach List of Names tus of Company: (a) Holding Company (b) Parent Company (c) Subsidiary Company If a Holding or Parent sidiaries registered in a Subsidiary Company	Member Sta	Attach List nd Tobago.	ctors of Applic	cant Company Addresses of <u>ALL</u>
(a) 1 (b) 1 27.	Ther of Directors: Foreign Nationals of CARICOM Attach List of Names tus of Company: (a) Holding Company (b) Parent Company (c) Subsidiary Company If a Holding or Parent sidiaries registered in NAME	Member Star	Attach List nd Tobago.	ctors of Applic	cant Company Addresses of <u>ALL</u>

DESCRIPTION OF PROPERTIES CURRENTLY HELD BY APPLICANT

No

(a) Name of Present Owner((s)		
(a) Traine of Tresent owner	LAST	FIRST	MIDDLE
	LAST	FIRST	MIDDLE
(b) Location of Property			
		ADDRESS	
		ADDRESS	
(c) Area of Property			
(d) Interest in Property (Lease	ehold/Freehold)		
Expiry Date of Passport of .	=======================================	oj (
Applicant Held Jointly with Another	Others	□ Yes □	No
Held Jointly with Another		☐ Yes ☐	No
Held Jointly with Another		Yes NFORMATION	No
Held Jointly with Another			No
Held Jointly with Another/ JOIN Name LAST	FIRST	NFORMATION MIDDLE	No
Held Jointly with Another/ JOIN Name	FIRST	NFORMATION MIDDLE	
Held Jointly with Another/ JOIN Name LAST	FIRST STREET	NFORMATION MIDDLE	
Held Jointly with Another/ JOIN Name LAST Address NUMBER Occupation	FIRST STREET Pass	NFORMATION MIDDLE CITY port Number	
Held Jointly with Another/ JOIN Name LAST Address NUMBER	FIRST STREET Pass	NFORMATION MIDDLE	
Held Jointly with Another/ JOIN Name LAST Address NUMBER Occupation	FIRST STREET Pass Expir	NFORMATION MIDDLE CITY port Number	(DD/MM/Y)

	(g) Date of Acquisi Registration)	ition (Date	of Execution of	Deed, Deed	No. and Date of	
	Deed Execution Date:			Deed No.		
		(DD/M	M/YY)	_		
	Registration Date:					
		(DD/M	(M/YY)	-		
	(h) Date of License (if	any)				
		· ·	(DD/MM/YY/)			
DE	SCOUDTION OF BOOD	EDTV EO		CENSE IS S	OUCHT	
	SCRIPTION OF PROP		K WHICH LI	CENSE IS S	<u>OUGH1</u>	
33.	Name of Present Own	er (s):				
	AST	FIRST	MI	DDLE	NATIONALITY	<u></u>
	100	*D.G.W.	100			<u></u>
L	AST F.	IRST	MID	DDLE	NATIONALITY	
34.	Location of Property					
		NUMBER	,	STREET	CITY	
25	A CD					
<i>ა</i> 5.	Area of Property					
36.	Present Use of Proper	ty				
37.	Proposed Use of Propo	erty				
38.	Proposed Tenure in Pr	roperty				_
39.	Has Town and Country	y Planning	Division App	roval Been G	ranted for the Pro	nosed Use
	of the Property? If so,					poseu ese
	Approval Granted	□ Yes	\square No			
	Approval Number					
40.	Purchase Price of Prop	erty				
			(TT CURRENCY)			
41.	Method of Payment					
-4.						
42.	Has Property Been Giv	en By Dee	d 🗆 or Will			

PROPERTY HELD IN TRUST

44.				
	If Answer to Question 43 is Y	Yes, State:		
	(a) Name of Beneficiary	LAST	FIRST	MIDDLE
	(b) Address of Beneficiary __	NUMBER	STREET	CITY
	-	COUNTRY		
	(c) Nationality of Beneficio	ary		
	(d) Date of Birth of Benefic	eiary(DD /)	MM/YY)	
	(e) Passport Number of Be	eneficiary		
	(f) Date Passport Expires		(DD/MM/YY)	
CORR	ECI.			
	ure of Applicant			
Signatt				
Signatt	ure of Applicant			

The completed form is to be forwarded to the attention of the Permanent Secretary, Ministry of Finance, Level 8, Finance Building, Eric Williams Financial Complex, Independence Square, Port of Spain.