



# GOVERNMENT OF SAINT LUCIA

## APPLICATION FOR FISCAL INCENTIVES

FISCAL INCENTIVES ACT: CHAPTER 15.16

AMENDED BY ACT NO. 3 OF 2013 / ACT NO. 30 OF 2019

**Completed Applications along with Supporting Documents  
MUST be forwarded to:**

Permanent Secretary  
Ministry of Commerce, International Trade, Investment, Enterprise  
Development & Consumer Affairs  
4<sup>th</sup> Floor, Heraldine Rock Building  
The Waterfront  
Castries  
Saint Lucia W.I

**ALL APPLICANTS ARE TO NOTE THE FOLLOWING:**

1. The application and subsequent approval process are guided by the Fiscal Incentives Act, Chapter 15.16 of the Revised Laws of Saint Lucia – *amended by Act No. 3 of 2013/Act No. 30 of 2019*.
2. Only Companies incorporated and registered in Saint Lucia may be granted approved status.
3. The construction day shall not be later than 12 months after the date of granting the application.
4. Production of the Approved Product(s) and/or Delivery of the Approved Service(s) shall not be later than 18 months from the construction day.
5. Quoted currency must be Eastern Caribbean Dollars (XCD).
6. Only **COMPLETED** applications with all supporting documentation will be considered for processing as per checklist 6.2 below):
  - 6.1. Fiscal Incentives Application Form (found on the Ministry’s website <http://commerce.gov.lc/resources/index/19>)
  - 6.2. For Applicants:
    - ✓ Copy of Certificate of Incorporation or Certificate of Registration of Business Name (*New Applicant*)
    - ✓ Copy of Business Plan
    - ✓ Compliance Letter from Inland Revenue
    - ✓ Compliance Letter from National Insurance Corporation
    - ✓ Certificate of good standing from Registry of Companies & Intellectual Property
    - ✓ Valid Trade Licence (*for businesses owned by non-CARICOM citizens*)
    - ✓ Specifications for Equipment, Machinery and Vehicles which should include Engine Capacity, Year, Make & Model
    - ✓ Health Certification (*if applicable*)
    - ✓ VAT Registration (*if applicable*)
    - ✓ Saint Lucia Bureau of Standards Certificate (*if applicable*)
    - ✓ An indication of the number of employees and positions over the last five (5) years and projected employment levels for the incentives period.
    - ✓ Financial Statements for the last three (3) years
    - ✓ Investment levels over the last five (5) years and projected investment for the concession / incentives period (plant, machinery etc.)

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**SECTION A: INCENTIVES SOUGHT**

Incentive Sought	Detail	Start Period	End Period
<b>Waiver of Corporate Income Tax</b> <i>(not applicable to Service-oriented companies)</i>			
<b>Waiver of Import Duties</b>			
<b>Waiver of Excise Tax</b>			
<b>Other (Please specify)</b>			

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**SECTION B: COMPANY DETAILS**

1. **Company Name:** \_\_\_\_\_

2. **Registered Address:** \_\_\_\_\_

3. **Registration/ Incorporation Number:** \_\_\_\_\_

4. **Date of Registration/Incorporation:** \_\_\_\_\_

5. **Company Sector:**

Manufacturing       Services       Other  \_\_\_\_\_

6. **No. of Employees: FULL TIME:** \_\_\_\_\_ **PART-TIME:** \_\_\_\_\_

7. **Provide a Brief Description of the Nature of the Business:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Provide Full Details of Chairperson, Directors and Company Secretary**

Name	Gender M/F	Designation	Nationality	Domicile	Contact Information

**9. Do the Company Directors currently have interest in other existing enterprises?**

a) In Saint Lucia: YES  NO

b) Other countries (specify): YES  NO  \_\_\_\_\_

Please provide details in the table below:

Name	Designation	Enterprise & Location	Nature of Business

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**SECTION C: FINANCE****1. Provide Details of the Company's Capital and its Sources**

Source of Capital	Amount
<b>Equity Financing (Share Capital)</b>	
<b>Debt Financing:</b>	
Commercial Loan (Banks, credit unions etc.)	
Personal Loans (Family, Friends etc.)	
Debentures	
<b>Other:</b>	
Grant Funding	
Government Programme	
<i>Describe:</i>	
<b>Total Capital Available:</b>	

**2. Provide Details of the Company's Share Capital:**

Type of Shares	Number	Value (XCD)
<b>Nominal or Authorized Shares</b>		
<b>Issued Shares</b> <i>(or to be issued to commence operations)</i>		
<b>Paid-up Shares</b>		

**3. List Countries in which shares will be/have been issued**

_____	_____	_____
_____	_____	_____

**4. Provide Full Details of Shareholders (*Individuals or Companies*) and the proportion of issued share capital held or to be held by each**

Name	Proportion of Shares held (%)	Nationality	Domicile	Contact Information

**5. Provide Details of Capital Invested or to be Invested in the approved operation:**

ASSET/ Investment Type	TO DATE	Expected at end of 1 <sup>st</sup> and 2 <sup>nd</sup> Years of Operation	
		Year 1	Year 2
Land			
Building/ Leasehold Improvements			
Machinery/ Equipment			
Other Fixed Assets			
Net Working Capital			
<b>Total Capital Distributed:</b>			

**6. Provide Estimates of any Royalties, Interest, Patent and other Charges to be paid from earnings per annum:**

Payment Type	Payments to CARICOM Citizens or Companies	Payments Outside of CARICOM
Royalties		
Patent Charges		
Franchise Fees		
Interest Payments		
Other:		
<b>Total Annual Payments:</b>		

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**SECTION D: OPERATIONS**

**1. Are the Company's Operating Facilities (Factory building/ Office space) already available?**

YES

NO

Under Construction

**If not, Provide Date of Availability:**       /      /        
*Day / Month / Year*

**2. Provide general description, inclusive of size and location of Operating Facilities.**

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**3. Provide Commencement Date of Operations:**       /      /        
*Day / Month / Year*

**4. Provide details of each Product or Service for which approved status is being sought.**

<b>Product/ Service Classification</b>	<b>Description of Manufacturing Process</b>

**5. Is approved status being sought for the Company's entire operation? YES  NO**   
**If not, give particulars of other operations which the company may carry out.**

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**6. Please provide details of plant, vehicles, machinery and equipment to be used in Product manufacturing and/or Service Delivery process:**

Item	Specification	Quantity	Value	Source

**7. Provide details of raw materials, components, packaging and other inputs (to be used) in Product manufacturing and/or Service Delivery process:**

Item	Source	Year I		Year 2	
		Qty	Value	Qty	Value



**SECTION E: PRODUCTION VOLUME AND SALES**

1. Give estimates of production costs and sales price of each individual product or service offered by the Company.

Product/ Service Classification	Production Cost per Unit	Unit Sales Price	Mark-up %

2. State estimated Annual Output of Approved Products/ Services:

Product/ Service Classification	Year 1		Year 2	
	Quantity Produced	Value	Quantity Produced	Value

3. Do you plan to export any of your Products or Services? If so, provide estimates:

Product/ Service classification	Country	Year 1		Year 2	
		Qty	Value FOB	Qty	Value FOB

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**SECTION F: EMPLOYMENT AND WAGES**

**1. Give details of your programme for training of personnel and technology transfer.**

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**2. What special skills does Management possess in relation to this industry?**

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**3. Provide Details on the Company's Human Resource Requirements:**

Category of Worker	Number of Workers Employed		
	Currently	Year 1 (projected)	Year 2 (projected)

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**SECTION G: SPECIAL REQUIREMENTS**

**1. List any specific requirements for:**

a) **Utilities:** \_\_\_\_\_

\_\_\_\_\_

b) **Communications:** \_\_\_\_\_

\_\_\_\_\_

c) **Waste Disposal:** \_\_\_\_\_

\_\_\_\_\_

d) **Other:** \_\_\_\_\_

\_\_\_\_\_

**2. Has assistance been sought from other Ministries or Governmental Agencies? If yes, provide name of Organization and describe assistance provided/ requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SECTION H: DECLARATION**

I hereby certify that I am duly authorized to provide the information above, and do verify that the information is true and correct to the best of my knowledge. I further understand that knowingly providing false information may immediately render my application void and disqualify me from receiving benefits under the Fiscal Incentives Act Cap 15.16.

Name of Signatory \_\_\_\_\_ Designation: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of \_\_\_\_\_  
Insert Company's Name

Address of Applicant \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (landline) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Mobile) \_\_\_\_\_