BARBADOS INVESTMENT & DEVELOPMENT CORPORATION
SPECIAL TECHNICAL ASSISTANCE PROGRAMME
APPLICATION FORM

(PLEASE PRINT CLEARLY IN BLOCK LETTERS)

SECTION I

1. NAME OF COMPANY:

.....

2. ADDRESS:

.....

……

3. CONTACT PERSON: …… **TITLE:** .....

4. PHONE NUMBER: ..... **FAX NUMBER:** ..... **EMAIL:** …….....

5. DATE OF REGISTRATION: ……..**COMPANY REGISTRATION NO**: ……

6. PRODUCTS PRODUCED AND/OR SERVICES PROVIDED:

……

……

SECTION II

1. PERCENTAGE SHAREHOLDING: BARBADOS: ……% CARICOM: …… % OTHER:….....%

2. MANAGING DIRECTOR AND OTHER DIRECTORS:

NAME	CONTACT NUMBER	NATIONALITY

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SECTION III

1. ARE FINANCIAL STATEMENTS AVAILABLE FOR THE PAST TWO YEARS

YES: ☐ **NO:** ☐

IF YES, PLEASE ATTACH

2. IF NO ABOVE, TOTAL ANNUAL SALES FOR THE PAST TWO YEARS:

20……: …… **20……:** .....

3. ARE CURRENT ORGANISATIONAL CHARTS AVAILABLE? **YES:** ☐ **NO:** ☐

IF YES, PLEASE SUBMIT COPIES OF ORGANISATIONAL CHARTS

4. IF NO ABOVE, HOW MANY PERSONS ARE EMPLOYED IN THE COMPANY:

FULL TIME …… **PART TIME ……**

5. WHAT ARE THE COMPANY'S GOALS FOR THE NEXT TWO YEARS: .....

.....

.....

.....

.....

6. WHAT ARE THE TWO (2) MAIN AREAS OF CHALLENGES FACED BY THE COMPANY:

FINANCIAL ☐

OPERATIONAL ☐

STRATEGIC ☐

MARKETING ☐

OTHER, PLEASE SPECIFY ☐

7. IS THE COMPANY INDEBTED TO ANY OF THE FOLLOWING?

NATIONAL INSURANCE SCHEME:	**YES:** ☐	**NO:** ☐
INLAND REVENUE DEPARTMENT:	**YES:** ☐	**NO:** ☐
VAT OFFICE:	**YES:** ☐	**NO:** ☐
THE BIDC:	**YES:** ☐	**NO:** ☐

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SECTION IV

1. HAS YOUR COMPANY EVER RECEIVED FUNDING UNDER THE STAP?

YES: ☐ **NO:** ☐

2. IF YES ABOVE: DATE RECEIVED: …….. **AMOUNT:** $…….

NATURE OF FUNDING: ……...

3. SUMMARISE THE PROPOSED PROJECT TO BE FUNDED:

……

……

……

……

……..……..

4. AMOUNT BEING APPLIED FOR: $.....

5. IS COMPANY WILLING TO PARTICIPATE IN A DIAGNOSTIC EXERCISE PERFORMED BY A CONSULTANT APPOINTED BY THE BIDC? **YES:** ☐ **NO:** ☐

IF NO, PLEASE STATE REASON:……

SECTION V

1. THE FOLLOWING DOCUMENTS ARE REQUIRED:

REGISTRATION LETTERS/CERTIFICATE OF INCORPORATION
FINANCIAL STATEMENTS (For the last two (2) years if available)

APPLICANT'S CERTIFICATION:

All information in and submitted with this application is true and correct to the best of my knowledge. All financial statements submitted with this application fully and accurately present the financial position of the business. This certification also applies to any financial statements or other information submitted after this date. I understand that false statements made in this application are grounds for termination of any resulting contract entered into with the BIDC. I also understand that failure to supply required information may result in this application not being approved.

……..…..…… ……..……...

APPLICANT SIGNATURE **DATE**

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SECTION VI (FOR OFFICIAL USE ONLY)

1. INDUSTRY CLASSIFICATION:

EXPORT PROMOTION: ☐

SMALL BUSINESS DEVELOPMENT: ☐

INDUSTRIAL SERVICES: ☐

2. ARE THE FOLLOWING ELIGIBILITY CRITERIA MET?

CURRENTLY EXPORTING OR PLANNING TO EXPORT	YES:	☐	NO:	☐
WILLING TO BE SUBJECT TO DIAGNOSTIC PROCEDURES	YES:	☐	NO:	☐
REGISTERED AND OPERATING FOR AT LEAST ONE (1) YEAR	YES:	☐	NO:	☐
AT LEAST 51% CARICOM OWNED AND LOCATED IN BARBADOS	YES:	☐	NO:	☐
IN GOOD FINANCIAL STANDING WITH THE NATIONAL INSURANCE SCHEME, INLAND REVENUE DEPARTMENT, VALUE ADDED TAX OFFICE AND THE BIDC	YES:	☐	NO:	☐

IF NO ABOVE, STATE REASONS FOR EXCEPTIONS ABOVE:

……

……

3. ARE THE SERVICES OF EXTERNAL CONSULTANT REQUIRED TO PERFORM DIAGNOSTIC REVIEWS?

YES: ☐ **NO:** ☐

4. OTHER COMMENTS:

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……

……

……

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SIGNATURE OF BUSINESS DEVELOPMENT OFFICER:…….…….. **DATE:**

SIGNATURE OF THE DIVISIONAL DIRECTOR: …….…… **DATE:**