



INVESTMENT PROCESSING DEPARTMENT

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SUBIC BAY FREEPORT APPLICATION FOR REGISTRATION

Instruction: Please accomplish this form by providing the required information on appropriate spaces (typewritten answer is preferred). Do not leave any blank space, indicate "N/A" if not applicable and attach additional sheet/s as Annexes if necessary. Submitted form with incomplete information and requirement/s will not be accepted.

1. PROJECT INFORMATION

1.1 Particulars of Intended Subic Bay Freeport (SBF) Enterprise

Type of firm: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Subsidiary <input type="checkbox"/> Branch <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other			
Name of Applicant			
Proposed Name of SBF Enterprise:			
Nationality			
Contact Person			
Principal Address			
Tel.No.		Fax No.	
E-mail Address		Website	
Describe business activity (product or service) of intended SBF Enterprise			

1.2 Largest Shareholders of Intended SBF Enterprise

Name	Nationality	Place of Incorporation**	Address	% Ownership	Amount of Share
1.					
2.					
3.					
4.					
5.					
Total number of shareholders for intended SBF Enterprise: _____.					

**if shareholder is a business entity

1.3 Shareholder/Director Addresses of Applicant Company other than the SBF

Name	Address	Tel. No.	Mobile No.	Fax No.
1.				
2.				
3.				
4.				
5.				

1.4 Affiliates/Subsidiaries

Name of Affiliate/Subsidiary:	
Address/Contact No.	
Nationality:	
Percentage of shareholding	
Name of Auditor	
Fiscal/Calendar Year	

1.5 Banking Relationships

<i>Name of Bank</i>	
Address/Branch	
Point of Contact	
<i>Name of Bank</i>	
Address/Branch	
Point of Contact	

2. FACILITIES REQUIRED

2.1 General Information

Size of Land/Building (in sqm)		Proposed Lease Term	
Prospective Location in SBF			
Status of facility:			
Leased existing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Construct new facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Sub-leased	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

2.2 Planned Investment in the SBF

Item	Project Cost (in US\$)	
Land improvement/Construction/Renovation of Facility		
Machinery & Equipment		
Transportation Equipment		
Furniture and Fixtures		
Office equipment		
Other Assets		
Sub-Total		
Working Capital		
TOTAL PLANNED INVESTMENT		
Sources of Funds	Percentage (%)	Amount Total investment for the 1 st year only
From Equity		
From Loans: <i>(Attach certification/proof of funding on loan obtained)</i>		
Bank Loans		
Advances from Parent Company (if any)		
TOTAL SOURCES OF FUNDS		
PROJECTED RATE OF RETURN ON INVESTMENT (ROI)		
PROJECTED PAYBACK PERIOD		

3. EMPLOYMENT INFORMATION

3.1 Requirements

Skill Description	Educational Attainment	Work Experience Required	Number of Employees				
			Y1	Y2	Y3	Y4	Y5

4. ENVIRONMENTAL SECTION

4.1 Major activity of the business operation

<input type="checkbox"/> Office works <input type="checkbox"/> Warehousing/Trading <input type="checkbox"/> Tourism related, pls. specify _____ <input type="checkbox"/> Product manufacturing/processing	<input type="checkbox"/> Services <input type="checkbox"/> Resource Extraction <input type="checkbox"/> Others _____ Product _____
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4.2 Raw Materials

Will the business operations involve the use of chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please enumerate:	
<u>Name of Chemical</u>	<u>Volume/month</u>
_____	_____
_____	_____
_____	_____
_____	_____

4.3 Waste Production

Will the business operation generate solid wastes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the business operation generate waste water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the business operation generate hazardous waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the business operation have smoke emission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other wastes, please specify _____		

4.4 Equipment to be used in the operation

Manufacturing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Heavy equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Light vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Others	_____		

4.5 Power Requirement

POWER REQUIREMENTS			
Capacity	_____	Kilovolt amperes	
Peak Load	_____	Kilowatts	
Voltage	<input type="checkbox"/> 120	<input type="checkbox"/> 208	<input type="checkbox"/> 240 <input type="checkbox"/> 480
Phase	<input type="checkbox"/> Single	<input type="checkbox"/> Three	

The information provided in this Form shall remain confidential. As the Entity's authorized representative, I certify that the information contained herein presents fairly, in all material respects, the projected requirements and performance of the activities. Further, we understand that salient information contained herein shall be the basis for SBMA's decision to register the candidate as SBF-Enterprise and shall be listed as obligations within our Lease Agreement and Registration Agreement with SBMA.

This application for SBF Registration warrants the SBMA to conduct credit and background investigation of the sponsoring entity/parent company and the proposed SBF Enterprise and its financial capability relative to the proposal made.

REQUIRED SUPPORTING DOCUMENTS AS INTEGRAL PART OF APPLICATION

1. Letter of intent with (a) Company profile & brochures (b) Business Proposal/Scope of Operation (c) Board Resolution of authorized representative.
2. Certified True Copy of Securities and Exchange Commission (SEC) Certificate, Articles of Incorporation and By-Laws / DTI Registration.
3. Personal Information Sheet of Incorporators
4. Photocopy of valid identification cards
5. For foreigners, photocopy of passport
6. Audited Financial Statements for the last three (3) years of operation of applicant firm for parent/management company (If applicable)
7. Latest income tax return of applicant firm for parent/management Company (If applicable).
8. Bank Certificate of Deposits/ Certification of approved loan or credit line
9. Proposed site development plan (with perspective drawings/construction timetable/financial schedule). (If applicable)
10. Financial Projections for the first five (5) years of operation.
11. List of clients and suppliers with contact information.
12. Letter of References
13. Draft Sublease Agreement w/ endorsement from sublessor with technical plan and locational plan (For Sublease Agreement).
14. Other permits and licenses with other agencies as necessary.
15. Payment of Filing Fee (US \$50.00)

APPLICANT'S ADDITIONAL UNDERTAKING

1. To support the goal of transforming the SBFZ into a modern and world-class metropolis.
2. To help promote the SBFZ as investment and tourist haven and destination.
3. To comply with all the rules and regulation on importation and exportation enforced by concerned government authorities.
4. To establish a separate entity that will exclusively operate in the SBFZ, if so required by SBMA.
5. To submit periodic reports and other information pertaining to its business activities as may be required by SBMA.
6. To abide by the existing labor policies and standards pursuant to the Labor Code of the Philippines, and as much as practicable, to prioritize residents from adjacent communities of SBFZ in the hiring of workers and employees.
7. That pursuant to the provisions of Section 3 and Section 14 of Republic Act No. 3019 [Anti-Graft Act], the applicant-enterprise has not given or promised to give and will not give any gift to any officer or employee of the Subic Bay Metropolitan Authority in connection with the filing and processing of this application.
8. To strictly conform to the environmental standards, land-use/zoning policy and building regulations as prescribed by concerned SBMA departments; and
9. To comply with the terms and conditions of the Lease Agreement with SBMA.

Done in the city/province of _____ this _____ day of _____, 20 _____.

(Applicant Firm)

(Signature over printed name)

(Position/Designation)

Republic of the Philippines}
City/Province of _____ } S.S.

Subscribed and sworn to before me this _____ day of _____, 20 _____ in the City/Province of _____ affiant exhibited in me his Community Tax Certificate No. / Passport No. _____ issued at _____ on _____.

Doc. No. _____

Page No. _____

Book No. _____