



APPLICATION FORM FOR COMPANIES TRANSITIONING TO SPECIAL ECONOMIC ZONE

1. Application date: [Click here to enter a date.](#)

2. Name of Transitioning Free Zone entity:

3. Proposed name of SEZ

4. Name and full address of applicant firm/ company (in block letters)

Company Name:

Address (local head office):

Building No. and Street Address

Town/City

<input type="text"/>	<input type="text"/>
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Parish/Postal Code

Country

5. Address of SEZ (if different):

Building No. and Street Address

Town/City

<input type="text"/>	<input type="text"/>
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Parish/Postal Code

Country

6. List declared (principal) beneficial owners/sponsors:

Name	Nationality(ies)	TRN/Tax number/social security number in the country of domicile	Address

(You may attach a separate sheet if necessary)

7. List of company directors and TRN/Tax number/social security number in the country of domicile and addresses

Name	Nationality(ies)	TRN/Tax number/social security number in the country of domicile	Address

(You may attach a separate sheet if necessary)

8. List of company directorship/trustees/fiduciary positions held by directors with any firms/corporations/associates/partnerships/business entity in the last 10 years:

Name	Company & Relationship

9. Corporation/businesses and companies in which directors have held/holds ownership interest:

Name	Company & Relationship

10. Are any of the company directors/shareholders currently involved in any bankruptcy proceedings or are you an undischarged bankrupt?

Yes No

If yes, please state name of director(s)/shareholder(s):

11. Name and Address of Authorised Representative

Name:

Job Title:

Email:

Telephone:

Address

Building No. and Street Address

Town/City

Parish/Postal Code

Country

12. Type of Free Zone to be transitioned

- I. Stand Alone FZ
- II. Approved Enterprise
- III. Promoter

13. SEZ designation being requested

- a. Developer
- b. Single-Entity Developer
- c. Occupant

14. If specialised Zone, please describe

15. What are the existing activities being carried out in the SEZ (please provide a brief description)

16. What percentage of output is distributed:

- a. Locally _____
- b. Overseas _____

17. What is the square footage (footprint) of the existing FZ space (existing buildings and land area)?

- a. Buildings _____ (square feet)
- b. Land area _____ (square feet)

FREE ZONE DOCUMENTATION

18. Does the company have a Free Zone Gazette or any other government issued authorization instrument? Yes No

19. What date was the gazette issued: _____

20. What are the approved activities?

21. If no, what kind of documentation does the company have?

- Authorisation letter
- Ministerial Order
- Other: _____

EMPLOYEE SAFETY AND SECURITY

22. What are the security measures that the firm currently uses (to include physical security plan, access controls for employees and visitors, ID system for staff, Payment Card Industry Data Security Standard (PCIDSS) compliance where applicable, employee screening process). Please include a detailed security plan with your application.



23. Define your occupational health and safety management system/ policy and procedure:

24. How many persons do you currently employ?

a. Direct Indirect

b. Male (direct) Female (direct)

c. Local employees Foreign employees

DISASTER MANAGEMENT AND EMERGENCY PLAN

25. Does the company have a disaster management and emergency plan in place?

Yes No

26. Define your emergency response mechanisms and incident management procedures to include the safety and evacuation and disaster mitigation plan

DEVELOPER'S UNDERTAKING

I/We hereby declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We will abide by any other condition, which may be stipulated by the Government of Jamaica.

I/We fully understand that any Letter of Approval granted to me/us on the basis of the statement furnished is liable to cancellation or any other action that may be taken having regard to the circumstances of the case if it is found that any of the statements or facts therein are incorrect or false.

Signature of the Applicant _____

Date of Application: [Click here to enter a date.](#)

Name in Block:

Official Seal/Stamp

Telephone No.:

E-mail:

**Kindly note that the Jamaica Special Economic Zone Authority will be transitioning you from a Free Zone entity to a Special Economic Zone entity as is and we will be working with you to conduct a gap assessment in the upcoming months to ensure that your company meets the SEZ requirements.*