



AGRO-INVESTMENT CORPORATION

FACILITY/LAND LEASE APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Section 1A below is to be completed by individuals and unregistered entities.

1A. Name of Applicant.....

Address.....

Age

Telephone Number/s.....

Email Address

Date Operation Commenced

TRN.....

Section 1B below is to be completed by both registered and unregistered entities. A copy of company registration certificate is to be attached (where applicable).

1B. Company's Name / Name of Group.....

Trading NameTRN.....

Address of Registered Office.....

Mailing Address of Company

.....

Date of Incorporation..... Date Operation Commenced.....

If group, please indicate Date of Commencement

Shareholders and Shareholdings:

Name.....	% Holding.....	TRN
.....	% Holding.....	TRN
.....	% Holding.....	TRN
.....	% Holding.....	TRN

Particulars of Chief Executive Officer/Manager/Managing Director:

Name.....

Address

Tel. Number

Email Address

Company's Attorney (Name, Address, and Tel. No.)

.....

.....

1C. Particulars of Group:

Number of Members.....

Age Group of Members 18-40 () 41-65 () Over 65 ()

Particulars of Group Leader:

Name of Group Leader.....

Age of Group Leader.....

TRN of Group Leader #

Telephone Number of Group Leader #

2. INFORMATION ON LAND/SPACE REQUIRED

a) Do you require land, office or warehouse space? Please tick:

- Office Warehouse Land
 Other.....

b) Land/Space required (Square Ft. /Acres)

Land Office..... Warehouse.....
Date required.....

c) Nature of your business.....

d) Desired Location (List in order of preference)

- 1.....
2.....
3.....

e) Period required for leaseYears

f) Referred to Agro-Investment Corporation (AIC) by: (indicate by a tick in the left bracket)

- Business Associates Ministry of Agriculture Local Advertisement Overseas Advertisement
 Jamaica Trade and Invest Other (state)

3. PRODUCTION INFORMATION

a) Major Products

Products to be Cultivated/ Manufactured	Annual Quantity	Annual Sale Value	Proportion Foreign Sales
1.			
2.			
3.			
4.			

b) State waste product from manufacturing process
.....
Monthly Quantity.....

Method of disposal to be used.....

c) Anticipated employment

Year 1: Male Female.....Total Cost

Year 2: Male Female..... Total Cost

Year 3: Male Female..... Total Cost

d) State any special requirement(s)

.....

.....

4. **FINANCIAL DATA**

1. Net Book Worth and Profit/Loss Projection for next two (2) years and actual for last two (2) years. **Attach Audited Financial Statement (where applicable) and Bank Statement**

2. **Projection**

	Year.....	Year	Year.....	Year	{ COMPANIES ONLY }
Total Assets	
Total Liabilities	
Asset less liabilities	
Sales	
Costs and Expenses	

3. Banker (s) / Financial Institution (s)

1. Name.....	2. Name.....	{ INDIVIDUALS GROUPS & COMPANIES }
Address.....	Address.....	
Contact person.....	Contact person.....	
Proposed Guarantor	Proposed Guarantor	

4. References(**must be either a Justice of the Peace, Credit Union Manager, Bank Manager, Member of Parliament, Public Officer (SEG 1 and Above) , Medical Practioner and or Principal (Primary, Secondary or Tertiary Educational Institution).**

Name	Company	Title	Address	Telephone # and email Address	{ INDIVIDUALS & GROUPS }
.....	
.....	
.....	

5. Technical Competence and Willingness to Operate

Indicate by a tick in the bracket which one best suits you:

- 1. Are you willing to participate as a group? () Yes () No
- 2. Are you willing to contribute to cost share expenses? () Yes () No
- 3. Are you willing to maintain up to date farm records? () Yes () No
- 4. Are you willing to adopt prescribed farming techniques and related best practices as recommended by the Ministry of Agriculture & Fisheries/ RADA Team? () Yes () No
- 5. How long have you been involved in farming?
- 6. State the type of training and institution training was received
- 7. Provide details on the Management for the facilities/ farm to include name and contact information ?
.....
.....

Comments:
.....
.....

Name of Company / Applicant:

Signature of Applicant:

Position of Signatory:

Date:

FOR OFFICIAL USE ONLY

Financial Evaluation

- a) Client Appraisal:
- b) Location Allocated.....
- c) Area of facility/land.....
- d) Annual Rental: Year 1..... Year 2..... Year 3.....
- e) Date lease will commence f) Date lease will expire.....

Credit Information:

.....
.....

Comments:
.....
.....

Signature: **Date:**

CEO's Approval/Comments

Signature: **Date:**

Board of Directors: Approved Date Not Approved

Comments: