



MINISTRY OF ENERGY AND ENERGY INDUSTRIES
International Waterfront Centre, Tower C, #1 Wrightson Road, Port of Spain
Telephone (868) 225 - 4334 Facsimile (868) 225- 5764

Application Form for Export Licence

Application Type: New Licence Renewal					
APPLICANT DETAILS					
Applicant's Name (Name in which licence is to be granted)					
Applicant's Address					
Tel Number		Fax Number		Email	
Company / Business Registration No.					
Name of Person Authorised to Sign on Behalf of Applicant (for a Company or Business)				ID / DP / Passport # (copies of two types required)	
Board of Inland Revenue Number				Vat Registration Number	
EXPORT DETAILS					
MINERAL TYPE	SIZE (mm)	QTY (units)	MINERAL SOURCE (Name and address of Mine, and Mining or Processing Licence #)	\$TT VALUE / (units) AT SOURCE	EXPORT DESTINATION

EXPORT PURPOSE	
<p>(please tick)</p> <p>Trade <input type="checkbox"/></p> <p>Personal <input type="checkbox"/></p> <p>Sample <input type="checkbox"/></p> <p>Other (please state) _____</p>	<p>O)</p>
<p>Is the proposed mineral export for use in any contract awarded to your company? _____</p> <p style="text-align: right;">Yes</p> <p>_____</p> <p style="text-align: right;">No</p> <p>_____</p>	
<p>If yes, please specify contract nature, proposed contract duration and mineral demand timing.</p>	
<p>Is the Type, Quantity and Quality of minerals to be exported available in the destination country?</p>	
FOREIGN BUYER DETAILS	
<p>Importer's Name _____</p>	
<p>Project Type on which to be used _____</p>	
<p>Reasons for Import _____</p>	
APPLICANT EXPORT HISTORY	
<p>Have you ever exported minerals before? _____</p> <p style="text-align: right;">Yes</p> <p>_____</p> <p style="text-align: right;">No</p> <p>_____</p>	
<p>If yes, state number of times in past 5 years: _____</p>	
<p>Previous Export Destination(s) and Quantities _____</p>	
<p>Additional Remarks/ Details _____</p>	

DECLARATION/UNDERTAKING

In accordance with section 45 (3) (b) of the Minerals Act, Chap 61:03, I _____ hereby declare that the particulars and the statements made in this application are true and correct to the best of my knowledge and belief and nothing has been concealed or held therefrom. I understand that it is an offense, punishable by a fine and imprisonment, to make a false declaration.

S i g n a t u r e o f t h e A p p l i c a n t D a t e - ___/___/___
(dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Name of Officer Processing Application _____ Date Received:

Signature of Officer Processing Application _____ / / _____
(dd/mm/yyyy)

GUIDELINES FOR APPLICANTS

1. Please complete all sections legibly.
 2. Supplemental pages are to be inserted where required.
 3. Please retain a copy of your submission.
 4. All financial data submitted are to be quoted in Trinidad and Tobago (TT) dollars only.
- S. Copies of the following are required, where applicable:**
- a. Ministry of Trade and Industry export form for minerals on the export negative list
 - b. Contracts and other documentation supporting the request to export minerals
 - c. Certificate of Incorporation / Certificate of Business Registration
 - d. Organizational Structure for Export operations
 - e. A letter from a recognized financial institution (indicating that the Applicant possesses the financial capacity to conduct the operations for which a licence is being sought)
 - f. Certificates and other qualifications of the Manager (indicating that the Applicant possesses the technical qualifications necessary to conduct the operations for which a licence is being sought)
 - g. Performance Bond (to be posted if licence is approved)
 - h. Rehabilitation Bond (to be posted if licence is approved)
 - i. Receipt for payment of licence application / renewal fee