

**APPLICATION FOR INCENTIVES  
UNDER THE FISCAL INCENTIVES (MISCELLANEOUS PROVISIONS) ACT, 2013  
CAR RENTAL OPERATORS**

(TO BE COMPLETED IN TRIPLICATE)

DATE OF APPLICATION:_____	
NAME OF COMPANY:_____	
TRADING NAME (where applicable):_____	
COMPANY REGISTRATION NO:_____	TEL. NO:_____
ADDRESS:_____	
EMAIL ADDRESS: _____	
CONTACT PERSON:_____	

TCC #:_____ (expiry date)	(COPY ATTACHED)	YES	NO
JTB LICENCE:_____ (expiry date)	(COPY ATTACHED)	YES	NO
TRN# _____			
YEARS IN BUSINESS:_____ (COPY OF CO. REG. ATTACHED)		YES	NO

EXISTING FLEET AMOUNT:_____
TOTAL NUMBER OF VEHICLES BEING APPLIED FOR: _____
HOW MANY WILL BE ADDITION TO FLEET:_____
HOW MANY ARE FOR REPLACEMENT: _____

**SUMMARY**

DEALER	# OF VEHICLES	YEAR	TYPE	CC RATING

**COMMENTARY (if any)**

NAME AND SIGNATURE OF APPLICANT: \_\_\_\_\_

COMPANY STAMP:\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

<b>MINISTRY OF TOURISM AND ENTERTAINMENT</b>	
DATE APPLICATION SUBMITTED: _____	
DATE RECOMMENDED: _____	DATE NOT RECOMMENDED: _____
SIGNED BY (Review Officer): _____	