

MINISTRY OF HOUSING AND LANDS

APPLICATION FORM FOR STATE LAND LEASE

Industrial or Commercial

| | | Application Ref: | Application Ref: | |
|------|--|------------------|------------------|--|
| | | | (For Office Use) | |
| PART | A | | | |
| | 1. Name of Applicant (Personal or Company, as applic | able): | | |
| | Authorised representative of Company (production of | | | |
| | Address of Company / Duly delegated representative | | | |
| | BRN of Company (if applicable): | | | |
| | Contact Numbers | | | |
| | Home : | Office: | | |
| | Mobile : | Facsimile No.: | | |
| | Email Address : | | | |
| 2. | Type of activity to be undertaken: | | | |
| | | | | |
| | | | | |
| 3. | An outline of the project proposal to be implemented | | | |
| | | | | |
| | | | | |

| 4. | Extent of State land applied for, supported by a site location plan |
|----|---|
| 5. | Estimated Project value |
| 6. | Business/ Financial structure * |
| | (a) Business and Financial Plan * |
| | |
| | (b) Proposed method of financing the development project |
| | |
| 7. | Profile and shareholding structure of the Company |
| | |
| 8. | Proven track record of applicant (if any) |
| | |

^{*} Supporting documents to be attached.

| 9. | Foreign Direct Investment to be injected in the project (if applicable) | |
|--------|---|--|
| | | |
| 10. | Expected number of jobs to be created | |
| 11. | Expected Social /Community benefits | |
| | | |
| 12. | Any additional Information in support of the application | |
| | | |
| 13. | Statement of Applicant | |
| case a | I certify / the Company certifies that the above information is correct and I am / the Company is fully aware that in any information is proved to be incorrect, the application will be rejected forthwith and any Lease Agreement | |
| | I will be cancelled without payment of any compensation and I / the Company may be liable to prosecution. | |
| | Signature: | |
| | Full name : | |
| | Date : | |

Note: Incomplete, inaccurate and inadequate filling of the form will lead to an outright rejection of the application.

PART B. For official use only

| Received / Registered on: | |
|---------------------------|--------|
| Ŭ | (Date) |
| n | |
| Ву | |
| (Name of Officer | •) |
| | |
| | |
| | |
| | |
| (Signature) | |

Note: The Ministry reserves the right to reject an application without assigning any reason thereof.