

LAGOS FREE TRADE ZONE COMPANY

INVESTORS APPLICATION FORM

NO. LFTZ/



81A, Younis Bashorun Street
Off Ajoye Adeogun Street,
Victoria Island, Lagos, Nigeria
Tel: 4631328-9
Fax: 4615908
E-mail: LagosFTZ@lftzc.com

Name of Applicant: _____

Address _____

Telephone: _____

Intend to set up a Project in the LAGOS FREE TRADE ZONE:

- Providing Service
- Repackaging
- Assembling
- Manufacturing

As a Export Processing Company Service Provider

Under one of the following names

1. _____
2. _____

Principal Officers

Name	Position	Nationality (indicate if Nationalized)	Residential Address

Ownership Structure

% Foreign

% Local

100% Equity Foreign _____ 100% Equity Local _____ ForeignLocal _____

Capital Investment in US\$

Naira

Require

Display m² Warehouse facility m²

Factory of m² Land m²

Power KVA Water Litre/day

Manpower

Raw Material

Coming from

Producing

As finished product to be marketed within Nigeria tons/annum

Outside Nigeria tons/annum

Expected turnover in US\$ Naira per annum

Movement of goods (entering and existing) tons/ per annum.

Brief Project Summary: To include background information of promoters, specific products to be processed, market and financial implications.

Please use additional pages if required.

Implementation of the project:

- We wish to start business in the Lagos Free Trade Zone

Our contact person is:

Designation:

Address:

Telephone: **Fax:** **E-mail:**

Others:

UNDERTAKING

I/We hereby undertake that:

- i. Will abide by terms and conditions which may be stipulated by the Lagos Free Trade Zone Company in accordance with NEPZA Act No.63 of 1992.**

- ii. Undertake to carry out the investment projects as approved by Lagos Free Trade Zone Company in accordance with the Nigeria Export Processing Zones Act 63 of 1992 and to pay the prescribed non-refundable deposit. If I/We should fail to establish the approved investment project, I/We agree that Lagos Free Trade Zone Company should confiscate the full amount of the non-refundable deposit.**

Name / Signature: _____ **Date:** _____

Position: _____

WITNESS:

Name/Signature: _____ **Date:** _____

Address: _____

OFFICIAL USE ONLY

REMARKS: Lagos Free Trade Zone Company/NIGERIA EXPORT PROCESSING ZONES AUTHORITY
