



APPLICATION FORM FOR COMPANIES TRANSITIONING TO SPECIAL ECONOMIC ZONE

1. Application date: [Click here to enter a date.](#)

2. Name of SEZ

3. Name and full address of applicant firm/ company (in block letters)

Company Name:

Address

Building No. and Street Address

Town/City

Parish/Postal Code

Country

4. Name and Address of Authorised Representative

Name:

Job Title:

Email:

Telephone:

Address

Building No. and Street Address

Town/City

Parish/Postal Code

Country

5. Type of SEZ to be transitioned

- I. Single-Entity SEZ
- II. Multi-Purpose SEZ
- III. Multi-Purpose Integrated SEZ (Includes residential areas)
- IV. Specialised Zone

If Specialised Zone, please describe

6. What are the existing activities being carried out in the SEZ (Please provide a brief description)

FREE ZONE DOCUMENTATION

7. Does the company have a Free Zone Gazette or any other government issued authorization instrument? Yes No

8. If yes, what kind of documentation does the company have?

Gazette Ministerial Order

Other: _____

EMPLOYEE SAFETY AND SECURITY

9. What are the security measures that the firm currently uses (to include physical security plan, access levels for employees, ID system for staff, PCIDSS compliance where applicable, employee screening process). You may add a detailed security plan to your application?

10. How many persons do you currently employ?

a. Direct Indirect

DISASTER MANAGEMENT AND EMERGENCY PLAN

11. Does the company have a disaster management and emergency plan in place?

Yes No

12. Outline the company's safety and evacuation procedures, please include the document in your application submission.

DEVELOPER'S UNDERTAKING

I/We hereby declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We will abide by any other condition, which may be stipulated by the Government of Jamaica.

I/We fully understand that any Letter of Approval granted to me/us on the basis of the statement furnished is liable to cancellation or any other action that may be taken having regard to the circumstances of the case if it is found that any of the statements or facts therein are incorrect or false.

Signature of the Applicant _____

Date of Application: [Click here to enter a date.](#)

Name in Block:

Official Seal/Stamp

Telephone No.:

E-mail:

**Kindly note that the Jamaica Special Economic Zone Authority will be transitioning you from a Free Zone entity to a Special Economic Zone entity as is and we will be working with you to conduct a gap assessment in the upcoming months to ensure that your company meets the SEZ requirements.*