

Ministry of Finance
Policy and Strategy Division
Tourism (Incentives) Act, 2008

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**APPLICATION FOR CERTIFICATE OF ENTITLEMENT UNDER SECTION 8 (1) OF THE
 TOURISM (INCENTIVES) ACT, 2008**

I hereby make application for Certificate of Entitlement in accordance with section 8(1) of the Tourism (Incentives) Act, 2008

Name of the owner of the business:	Name of OPERATOR:		
National Identity number : (Sole proprietor)			
Nature of activities of the Business:	Licence Number:		
Business Identification Number :	Company registration number:		
Address of Business:	Tel number :		
	Fax Number :		
	E-mail address :		
If a company ,please state : Name of shareholders/ directors (state whether Seychellois / non Seychellois)			
Attach a copy of Certificate of Registration OR Certificate of Incorporation & Memorandum and Articles of Association			
If a Partnership , please state:	Name of Senior Partner or Contact Person:		
Full Name of each Partner:	National Identity Number of each Partner:		
Private address of each partner (attach list if insufficient space)			
Tourism Investment (tick where appropriate) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a) Licensed Accommodation (LA) b) Tour Operators c) Restaurant/Cafeteria(outside premises of LA) d) Dive centre/Dive Operator e) Hirecraft Operator f) Tour guide </td> <td style="width: 50%; vertical-align: top;"> g) Yacht/Liveaboard h) Permanent Cruise ship operator i) Car Hire Operator j) Motorised /Non -motorised Watersports k) Helicopter Service Operator l) Passenger Ferry service Operator m) Casino Operator n) Equestrian Tourism Operator </td> </tr> </table>		a) Licensed Accommodation (LA) b) Tour Operators c) Restaurant/Cafeteria(outside premises of LA) d) Dive centre/Dive Operator e) Hirecraft Operator f) Tour guide	g) Yacht/Liveaboard h) Permanent Cruise ship operator i) Car Hire Operator j) Motorised /Non -motorised Watersports k) Helicopter Service Operator l) Passenger Ferry service Operator m) Casino Operator n) Equestrian Tourism Operator
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Signature of the owner /operator of business			
Date.....			

FOR OFFICIAL USE ONLY

Signature of Approving Officer:	Date:
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The Ministry Of Finance may require the applicants to furnish additional information relevant to the application For the purpose of dealing with the application.
 This application form can be downloaded from Seychelles Investment Bureau website: www.sib.sc