

# Seychelles Investment Bureau



## Guidelines to Assist in Writing Your Business Plan

### SEYCHELLES INTERNATIONAL TRADE ZONE (SITZ) OPERATION

- Business Plan Prepared By: .....
- For and On Behalf Of: .....
- Submitted To S.I.B. On: .....

**Tick here**

- **Enclosed** :Other Documents Relevant to your Project

You can also e- mail us your Business Plan at **sib@seychelles.sc**

Tel: 295500, Fax: 225125  
www.sib.sc

## **Checklist: SITZ Operations**

**Please ensure that the following accompany your project submission:**

- **Project Summary Sheet**
- **CV of the promoter or person appointed to manage the business when operational (if different from promoter).**
- **Location and site plan of proposed office, obtainable from the Land Use Department of the Ministry of National Development**
- **Other references/certificates or relevant documents**
- **Completed Environmental Authorisation Form**
- **Company Registration (if a registered company, Certificate of Incorporation, Memorandum & Article of Association)**
- **Electronic version of Business Plan**

## Project Summary Sheet

- 1 Name of Promoter(s)  
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-----
- 2 Promoter contact details  
-----  
-----
- 3 Nationality of promoter. If naturalised provide 'Certificate of Naturalisation'. If foreigner provide 'Character Certificate'  
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- 4 Shareholders / Directors / Partners of business  
-----  
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- 5 Brief Project Description  
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-----  
-----
- 6 Location of Project  
-----  
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- 7 Level and Type of Investment and Financing:  
Amount of investment: \_\_\_\_\_  
Borrowings: \_\_\_\_\_  
Personal Contributions: \_\_\_\_\_
- 8 Employment  
Number of local employees: \_\_\_\_\_  
Number of foreign employees: \_\_\_\_\_
- 9 Construction Commencement Date (if applicable)  
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- 10 Construction Completion Date (if applicable)  
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- 11 Opening/ Launching Date  
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Name of Promoter		Other Contacts	
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Address		Address	
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Phone		Phone	
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Fax		Fax	
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Type of Activity Proposed

Export Services	Redistribution	Light Assembly	Processing	Manufacture

(Please tick appropriate box)

Other Details

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Products

Name	Description

Size of investment
US\$

Please tick in appropriate box		
Owner Equity	Shareholder Equity	Loan

Source of Funding

Name	Details

Proposed employment Size (persons)	of which	Local (persons)	Expatriate (persons)

Utilities : Water	Electricity	Total Space Required
Cubic Metres	Kilowatts	Square Metres

Projected Annual Revenue	Projected Domestic Expenditure
US\$	US\$

**DECLARATION BY PROMOTER**

I hereby declare that the particulars that have been given therein are accurate and to the best of my knowledge at this moment in time.

Name of Promoter: .....

Date: .....

Signature: .....

**APPLICATION FORM (CHECK LIST)**  
**VERY IMPORTANT INFORMATION**

Below is a checklist of the information required by SIB when applying for an SITZ licence.  
Please complete this form, indicating a page reference within your proposal to each information item as listed below.

	√	√	Page No.
<b>A Physical Planning Requirements</b>			
• Space			
• Covered Storage			
• Processing			
• Office			
• Uncovered Storage			
• Parking			
• Other			
• Equipment Requirements			
• Forklift			
• Container lorry			
• Crane			
• Others			
• Accommodation			
• Management personnel			
• Others (foreign)			
<b>B Projected Revenue (by product line)</b>			
<b>C Initial investment details</b>			
• Building			
• Machinery & equipment			
• Office furniture			
• Vehicles			
• Other			
<b>D Market Details</b>			
• Imports			
• Exports			
• Freight details – imports			
• Freight details – exports			
• Other: Why you believe your product has a market?			
• Which markets are you familiar with?			
• Which markets are you envisaging to target for the future?			
• Marketing strategies			
• Other relevant information			
<b>E Current Investment Details – current operations</b>			
• Company background			
• Building			
• Machinery & Equipment			
• Office equipment			
• Office furniture			
• Vehicles			
<b>F Other Input Requirements</b>			
• Electricity			
• Water			
• Communications –Telephone, facsimile, modem			
<b>G Environmental Impact Assessment</b>			
• By-product of your activity			
• Effluents			
• Other environmental considerations			
<b>H Running Costs</b>			
• Raw materials, labour, electricity, water, overheads			
• Maintenance & spares, administrative costs, marketing			
<b>I Employment Details</b>			
• Management			
• Others			
<b>J 3 Year Financial Forecast, Profit and Loss and Cashflow</b>			
<b>K Audited account for past three years</b>			

**PERSONAL REFERENCES**

Name	Address	Contact Number
1)		
2)		
3)		

**BANK REFERENCES**

Name	Country	Contact Number
1)		
2)		
3)		

**AUDITOR'S REFERENCES**

Name	Address	Contact Number
1)		
2)		
3)		

ENVIRONMENT PROTECTION ACT, 1994  
(ACT 9 OF 1994)  
ENVIRONMENT PROTECTION (IMPACT ASSESSMENT  
REGULATIONS) 1996, S.I 39 of 1996

**FOR OFFICIAL USE ONLY**

Application  
No:.....  
Section File  
No:.....

**APPLICATION FOR ENVIRONMENTAL AUTHORISATION**

**SECTION A**

1. NAME OF APPLICANT (i.e. the person for which the development will be carried out)  
SURNAME (Mr/Mrs/Miss):.....  
OTHER NAMES:.....  
POSTAL ADDRESS :.....  
Tel. No : ..... Fax No: ..... e-mail address: .....

2. Description of proposed development .....

3. Address or location of proposed development .....

4. Will there be any changes to the natural topography (e.g. cut, fill, etc.) of the land? YES / NO  
If YES, give details .....

5. Will there be any tree felling or clearing activity? YES / NO  
If YES, give details of most common tree species on the land .....

6. Is there any water body in the vicinity of the proposed development? YES / NO  
If YES, mention type .....

Approximate distance ..... metres

7. Sewage treatment facility to be used for proposed development (e.g. septic tank, treatment plant, centralised sewage treatment, etc.) .....

8. Type of solid waste to be generated (e.g. domestic, industrial, etc.) .....

Proposed disposal method (e.g. public bins, contract, etc.) .....

**SECTION B - APPLICATION**

I/We hereby apply for an Environmental Authorisation to carry out the development or proceed with the works described on the attached plans and drawings.

Signature: .....(Applicant or Agent) If signed by an agent  
Date: ..... Profession: .....  
Name: ..... Address: .....  
Tel. No: ..... Fax No:..... e-mail:.....