



SUBIC BAY METROPOLITAN AUTHORITY

Bldg. 229, Waterfront Rd., Subic Bay Freeport Zone, Philippines 2222
Tel 047.252.4000 to 4004 Fax 047.252.4185 to 4187
www.sbma.com

SUBIC BAY FREEPORT ZONE (SBFZ) REQUIREMENTS FOR BUSINESS REGISTRATION

A. STAGE 1 REQUIREMENTS

- I. SBF Investment Application Form
- II. Documentary Requirements
 1. Letter of Intent
 2. Business Plan
 - a. Company Profile
 - b. Scope of Operation
 - c. Projected Financial Statements (Income Statement & Balance Sheet)
 - d. Risk and Safety Assessment Analysis Report
 - e. Brochures (*optional*)
 - f. Letter of References (*optional*)
 3. Document of Authorization stating Official Representative
 4. Business Registration
 - a. For Existing Parent Corporation: Certified True Copy of Securities and Exchange Commission (SEC) Certificate with Articles of Incorporation and By-Laws
 - b. For New Corporation: SEC Name Reservation
 - c. For Sole Proprietor: DTI Registration
 5. Personal Information Sheet (PIS) of Incorporators with the following attachments:
 - a. For Filipino Citizens: photocopy of valid identification cards or passport
 - b. For Aliens:
 - i. Photocopy of valid passport
 - ii. Curriculum vitae
 - iii. Clearance from embassy of country of origin
 6. *For Sublease Arrangements*: Draft sublease agreement with technical plan and location plan, and letter of endorsement from sublessor
 7. *For development projects only*:
 - a. Proposed site development plan including perspective drawings, development timetable and development cost
 - b. Market study
 - c. Bank Certificate of Deposits or Certification of approved loan/credit line
 8. Permits and licenses required by law as necessary.
 9. Proof of Payment of Filing Fee (US \$50.00)

B. STAGE 2 REQUIREMENTS

1. Proof of payment of registration fee Certificate of Registration (CR) - US \$150.00; Certificate of Tax Exemption (CTE) - US \$100.00; and Business Plate - US \$20.00
2. Signed Lease Agreement with proof of payment of Advance Rental and Security Deposit.
3. Certified true copy of Securities & Exchange Commission (SEC) Certificate with Articles of Incorporation & By-laws for newly registered corporations
4. *For CTE*: Duly signed and notarized Certification of Conformity

C. REQUIREMENTS FOR BUSINESS PERMIT TO OPERATE (BPTO)

1. Submission of Environmental Permit/Clearance, Sanitary Permit, Building Permit, Occupancy Permit and other permits and clearances that may be required by law and other government agencies.
2. Submission of performance bond for those with development projects within thirty (30) days.
3. For Main Lessee with existing structure, the applicant shall submit the Insurance Policy with Government Service Insurance System (GSIS) stating SBMA as the beneficiary within thirty (30) days after issuance of signed and notarized Lease Agreement.



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SUBIC BAY FREEPORT APPLICATION FOR REGISTRATION

Instruction: Please accomplish this form by providing the required information on appropriate spaces (typewritten answer is preferred). Do not leave any blank space, indicate "N/A" if not applicable and attach additional sheet/s as Annexes if necessary. Submitted form with incomplete information and requirement/s will not be accepted.

1. PROJECT INFORMATION

1.1 Particulars of Intended Subic Bay Freeport (SBF) Enterprise

Type of firm:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Subsidiary
<input type="checkbox"/> Branch	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other	
Name of Applicant			
Proposed Name of SBF Enterprise:			
Nationality			
Contact Person			
Principal Address			
Tel.No.		Fax No.	
E-mail Address		Website	
Describe business activity (product or service) of intended SBF Enterprise			

1.2 Largest Shareholders of Intended SBF Enterprise

Name	Nationality	Place of Incorporation**	Address	% Ownership	Amount of Share
1.					
2.					
3.					
4.					
5.					
Total number of shareholders for intended SBF Enterprise: _____.					

**if shareholder is a business entity

1.3 Shareholder/Director Addresses of Applicant Company other than the SBF

Name	Address	Tel. No.	Mobile No.	Fax No.
1.				
2.				
3.				
4.				
5.				

1.4 Affiliates/Subsidiaries

Name of Affiliate/Subsidiary:	
Address/Contact No.	
Nationality:	
Percentage of shareholding	
Name of Auditor	
Fiscal/Calendar Year	

1.5 Banking Relationships

Name of Bank	
Address/Branch	
Point of Contact	
Name of Bank	
Address/Branch	
Point of Contact	

2. FACILITIES REQUIRED

2.1 General Information

Size of Land/Building (in sqm.)		Proposed Lease Term	
Prospective Location in SBF			
Status of facility:	Leased existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Construct new facility <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sub-leased <input type="checkbox"/> Yes <input type="checkbox"/> No		

2.2 Planned Investment in the SBF

Item	Project Cost (in US\$)	
Land improvement/Construction/Renovation of Facility		
Machinery & Equipment		
Transportation Equipment		
Furniture and Fixtures		
Office equipment		
Other Assets		
Sub-Total		
Working Capital		
TOTAL PLANNED INVESTMENT		
Sources of Funds	Percentage (%)	Amount Total investment for the 1st year only
From Equity		
From Loans: (Attach certification/proof of funding on loan obtained)		
Bank Loans		
Advances from Parent Company (if any)		
TOTAL SOURCES OF FUNDS		
PROJECTED RATE OF RETURN ON INVESTMENT (ROI)		
PROJECTED PAYBACK PERIOD		

3. EMPLOYMENT INFORMATION

3.1 Requirements

Skill Description	Educational Attainment	Work Experience Required	Number of Employees				
			Y1	Y2	Y3	Y4	Y5

4. ENVIRONMENTAL SECTION

4.1 Major activity of the business operation

<input type="checkbox"/> Office works	<input type="checkbox"/> Services
<input type="checkbox"/> Warehousing/Trading	<input type="checkbox"/> Resource Extraction
<input type="checkbox"/> Tourism related, pls. specify _____	<input type="checkbox"/> Others _____
<input type="checkbox"/> Product manufacturing/processing	Product _____

4.2 Raw Materials

Will the business operations involve the use of chemicals? Yes No
 If yes, please enumerate:

Name of Chemical	Volume/month
_____	_____
_____	_____
_____	_____
_____	_____

4.3 Waste Production

Will the business operation generate solid wastes? Yes No
 Will the business operation generate waste water? Yes No
 Will the business operation generate hazardous waste? Yes No
 Will the business operation have smoke emission? Yes No
 Other wastes, please specify _____

4.4 Equipment to be used in the operation

Manufacturing equipment Yes No If yes, how many? _____
 Heavy equipment Yes No If yes, how many? _____
 Light vehicles Yes No If yes, how many? _____
 Others _____

4.5 Power Requirement

POWER REQUIREMENTS

Capacity _____ Kilovolt amperes
 Peak Load _____ Kilowatts
 Voltage 120 208 240 480
 Phase Single Three

The information provided in this Form shall remain confidential. As the Entity's authorized representative, I certify that the information contained herein presents fairly, in all material respects, the projected requirements and performance of the activities. Further, we understand that salient information contained herein shall be the basis for SBMA's decision to register the candidate as SBF-Enterprise and shall be listed as obligations within our Lease Agreement and Registration Agreement with SBMA.

This application for SBF Registration warrants the SBMA to conduct credit and background investigation of the sponsoring entity/parent company and the proposed SBF Enterprise and its financial capability relative to the proposal made.

REQUIRED SUPPORTING DOCUMENTS AS INTEGRAL PART OF APPLICATION

1. Letter of Intent
2. Business Plan

<ol style="list-style-type: none"> a. Company Profile b. Scope of Operation c. Projected Financial Statements 	<ol style="list-style-type: none"> d. Risk and Safety Assessment Analysis Report e. Brochures-<i>optional</i> f. Letter of References-<i>optional</i>
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3. Document of Authorization stating Official Representative
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APPLICANT'S ADDITIONAL UNDERTAKING

1. To support the goal of transforming the SBFZ into a modern and world-class metropolis.
2. To help promote the SBFZ as investment and tourist haven and destination.
3. To comply with all the rules and regulation on importation and exportation enforced by concerned government authorities.
4. To establish a separate entity that will exclusively operate in the SBFZ, if so required by SBMA.
5. To submit periodic reports and other information pertaining to its business activities as may be required by SBMA.
6. To abide by the existing labor policies and standards pursuant to the Labor Code of the Philippines, and as much as practicable, to prioritize residents from adjacent communities of SBFZ in the hiring of workers and employees.
7. That pursuant to the provisions of Section 3 and Section 14 of Republic Act No. 3019 [Anti-Graft Act], the applicant-enterprise has not given or promised to give and will not give any gift to any officer or employee of the Subic Bay Metropolitan Authority in connection with the filing and processing of this application.
8. To strictly conform to the environmental standards, land-use/zoning policy and building regulations as prescribed by concerned SBMA departments; and
9. To comply with the terms and conditions of the Lease Agreement with SBMA.

Done in the city/province of _____ this _____ day of _____, 20 _____.

(Applicant Firm)

(Signature over printed name)

(Position/Designation)

Republic of the Philippines }
City/Province of _____ } S.S.

Subscribed and sworn to before me this _____ day of _____, 20 _____ in the City/Province of _____ affiant exhibited in me his Community Tax Certificate No. / Passport No. _____ issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____



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Please provide all data required on this information sheet.

INFORMATION SHEET	
NAME /INCORPORATOR/SHAREHOLDER	CIVIL STATUS
RESIDENCE ADDRESS	TEL. NO.
DATE OF BIRTH	AGE
BUSINESS/EMPLOYER	CITIZENSHIP
BUSINESS ADDRESS	POSITION
MONTHLY INCOME	TEL. NO.
	OTHERS
ANNUAL INCOME	
SOURCE OF INCOME	AMOUNT
1.	1.
2.	2.
3.	3.
	TOTAL
OTHER BUSINESS AFFILIATION (S)	
NAME	POSITION
1.	1.
2.	2.
3.	3.
BANK REFERENCE (S)	
NAME	BRANCH
1.	1.
2.	2.
3.	3.
OTHER BUSINESS AFFILIATION (S)	
NAME	TEL. NO.
1.	1.
2.	2.
3.	3.

I certify that the information above is true and correct. I further authorize the SBMA to verify information supplied herein from entities as above indicated.

 Signature

Note:
 *Kindly submit this form with your recent 2x2 picture and photocopy of passport (details visible and readable).