# PAPUA NEW GUINEA KOKONAS INDASTRI KOPORESEN

Reg. Sec.20		Form 4
	Application for License	
Note: Information in this form n	nust be either typed or handwritte	n in block letters.
1) Name of Association/Compa	nny:	
2) Date of Incorporation/Regis	tration:	
3) Address for Service:		
number, and the district a person, specify the name of building.	t name and number, or the allotmend province must be stated. If at the fact of such. If in the building state paramunication from KIK may be seen	he premises of a frim or other ticulars of the location within th
5) (a). Type of License Applie I. Buyer	d for:  II. Processor	III. Exporter
(b).		
Describe/Specify Proposed Location for Operation of Buyer's License	Describe/Specify Proposed Location for Operation of Processors License	Describe/Specify Proposed Location for Operation of Exporters License
6) Officials of Association (If C	Company, provide details of Dire	ector and Secretary/ies)

Note: If you need additional space, supply names and details of official's/company directors on a separate A4 attached to this application.

# 7) Constitution.

	YES	NO
Does the Association/Company have a		
constitution/articles of association/rules		
of association?		

(Place a cross (x) in the appropriate box.)

Note: Where a constitution/articles of association/rules of association exist a certified copy must be submitted with this form. Certification can be by way of a sworn Statutory Declaration by an official of the Association.

### 8) The following documents must be submitted with this form.

- a) A copy of the Certificate of Incorporation/Registration, as the case may be.
- b) If applicant is a company, full details of names and shareholdings to be supplied.
- c) Full particulars of applicant's financial proposals relating to handling, storage, quality control and marketing of the relevant coconut product.

## 9) Declaration and Signature

I certify that the information in this form is true and correct, and the copy of every document submitted with this form is a true and correct copy of the original document.

Signature of Association Official/Company Director:			
Name of Applicant:			
Position in the Association/Company:	Date:		
Toblica in the Hospitalian Company.	Date.		

Note: This application must be signed by an official of the association/Director. If the applicant is a company, then the common seal must be affixed.

1.	Certifi	<u>cation</u>					
	a.	Is entity foreign owned?	Yes:			No:	
	b.	Attach IPA certificate of incom	rporat	ion (co	opy)		
			Yes:			No:	
	c.	Years of Service:					
2.	<u>Financ</u>	<u>ial</u>					
	a.	Share Capital:					
	b.	Bank Account Details:					
I	Bank:			Accou	ınt Nar	ne: _	
I	Branch:			Branc	h No:		
A	Account	No:		Bank	Refere	nce: –	
	c.	Attach Cash Flow Projections	Yes:			No:	
	d.	Attached details of Proposed I	F <b>undi</b> i	ng:			
			Yes:			No:	
3.	Others	_	<b>DN</b> C		. •		a.
	a.	Entity has previous dealings in	n <b>PN</b> G Yes:	Gocol		dustry No:	? 
	If y	ves, provide details:					

Pro	ovide Details below:
b.	Attach Company Profile and proposed staff levels:  Yes: No:
	Yes: No:
c.	Proposed main location/premises of operation: