



**Factories Corporation of Jamaica Limited**  
 17 Knutsford Boulevard, Kingston 5  
 Tel: 876-968-4766/2484/2178 Cell/ Whatsapp: 876-868-1344  
 Email: clientcare@fcj.gov.jm

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**SPACE APPLICATION FORM**

**1. APPLICANT DATA**

Name .....Address.....  
 .....Tel#.....Email:.....

**2. COMPANY INFORMATION (Attach copy of Certificate of Incorporation)**

- a) Company's Name .....
- b) Address of Registered Office .....
- c) Trading Name .....TRN.....
- d) Date of Incorporation ..... Date Operation Commenced .....
- e) Shareholders and Shareholdings:

Name .....	% Holding .....	TRN.....
Name .....	% Holding .....	TRN.....
Name .....	% Holding .....	TRN.....
Name .....	% Holding .....	TRN.....

f) Mailing Address of Company .....

g) Particulars of Manager/Managing Director (**Local**):

Name.....

Address .....

Tel. Number .....Email Address:.....

h) Particulars of Manager/Managing Director (**Overseas**):

Name .....

Address.....

Tel. Number .....Email Address:.....

i) Company's Attorney (Name, Address, Tel. No.) .....

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**3. INFORMATION ON FACTORY SPACE REQUIRED**

- a) Space required (Square Ft./Metres) .....Date required .....
- b) Business Activity to be carried on .....
- c) Desired Location (List in order of preference) 1. ....  
2. ....
- d) Please indicate (by tick in the left bracket) whether you are:  
 Relocating             Expanding             Starting a New Operation
- e) Period required for lease .....Years
- f) How much space will you need in 3 years? ....., in 5 years? .....
- h) Referred to FCJ by: (indicate by a tick in the left bracket)  
 Local Advertisement             JAMPRO             Business Associates  
 Overseas Advertisement             Other (State).....

**4. PRODUCTION INFORMATION**

a) **Major Products**

Products to be Manufactured	Annual Quantity	Annual Sale Value	Proportion Foreign Sales
1.			
2.			
3.			

b) **Major Raw Materials**

Raw Materials	Annual Quantity	Annual Cost Value	Proportion Foreign Cost
1.			
2.			
3.			

- c) State volume of water used in the manufacturing process: .....Monthly
- d) State waste product from manufacturing process: .....  
 ..... Monthly Quantity .....  
 Method of disposal to be used .....



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- e) Anticipated employment  
 Year 1: Male ..... Female ..... Total ..... Cost .....
- Year 2: Male ..... Female ..... Total ..... Cost .....
- Year 3: Male ..... Female ..... Total ..... Cost .....
- f) List machinery/equipment to be used and cost:  
 1. .... Cost ..... Bought Already? Yes/No  
 2. .... Cost ..... Bought Already? Yes/No  
 3. .... Cost ..... Bought Already? Yes/No
- g) State any special requirement for safe operation or equipment and protection of building:
- h) State Agency and type of assistance being given to establish operation at location applied for:

**5. FINANCIAL DATA**

- a) Details of Loans

<u>Lender</u>	<u>Amount</u>	<u>Security</u>
1. ....	.....	.....
2. ....	.....	.....

- b) Net Book Worth and Profit/Loss Projection for next two (2) years and actual for last two (2) years. **Attach Audited Financial Statement or Project Proposal for new company.**

<b>6. PROJECTIONS:</b>	<b>Year .....</b>	<b>Year .....</b>	<b>Year .....</b>	<b>Year .....</b>
Total Assets	.....	.....	.....	.....
Total Liabilities	.....	.....	.....	.....
Assets Less Liabilities	.....	.....	.....	.....
Sales	.....	.....	.....	.....
Costs & Expenses	.....	.....	.....	.....

- c) Banker(s)/Financial Institution(s)

1. Name .....	2. Name .....
Address .....	Address .....
Contact Person .....	Contact Person .....
Proposed Guarantor .....	Proposed Guarantor .....



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**7. REFERENCES**

Name	Company	Title	Address	Tel#&Email

**8. PERSONAL GUARANTOR (Our lease requires this provision):**

Name ..... Address .....  
 .....Tel ..... E-Mail Address.....

**Signature of Applicant:**

**Position of Signatory:**

**Date:**

**FOR OFFICIAL USE ONLY**

**Financial Evaluation**

Signature: ..... Date: .....

**Client Appraisal & Factory Allocation (Marketing Manager)**

- a) Client Appraisal:
- b) Location Allocated .....
- c) Area of Factory .....
- d) Annual Rental: Year 1 ..... Year 2 ..... Year 3 .....
- e) Date lease will commence ..... f) Date lease will expire .....
- f) Credit Information: .....
- g) References:
  - 1. .... Comments: .....
  - 2. .... Comments: .....
  - 3. .... Comments: .....

Signature: ..... Date: .....

**Managing Director's Approval/Comments**

Signature: ..... Date: .....

**Board of Directors:** Approved  Date ..... Not Approved **Comments :**