

**FORM 20**  
**(Regulation 13)**

**APPLICATION FORM FOR THE RENEWAL OF AN OPERATOR LICENCE**

**SECTION 1 - GENERAL INFORMATION**

1. Name of Applicant:	
2. Date Operator Licence Granted:	
3. Office Address:	
4. Office Number:	
5. Email Address:	

**SECTION 2 - COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE OPERATOR LICENCE**

<p>6. Has a Notice of Non-Compliance been issued to the Operator at any time throughout the duration of the existing Operator Licence by the Authority for non-compliance with the provisions of the Trinidad and Tobago Special Economic Zones Act, 2022 or the terms and conditions of the Operator Licence?</p> <p><input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>If yes, provide details:</p>
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**SECTION 3 - CORRECTIVE ACTION**

<p>7. If yes to item 6 above, has the Operator completed all corrective actions within the period as specified by the said Notice of Non-Compliance?</p> <p><input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>If yes, provide details:</p>
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**SECTION 4 - ATTESTATION**

I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

Declared to at \_\_\_\_\_ in \_\_\_\_\_

By \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Before me,  
Commissioner of Affidavits

Signature:	
Name in Block Letters:	
Position:	
Date:	
Official Seal/ Stamp:	

*Please provide the following documents in support of the Application for Renewal of the Operator Licence:*

- (a) An Operation Plan - Form 21, Schedule 1 to the Regulations.*
- (b) An updated AML/CFT/PF risk assessment - Form 7, Schedule 1 to the Regulations.*
- (c) The latest audited financial statements of the Operator.*
- (d) A copy of any certificates issued under the Occupational Health and Safety Act, Chap. 88:08.*
- (e) A Declaration consenting to the entry of inspectors - Form 8, Schedule 1 to the Regulations.*
- (f) A valid Income Tax Clearance Certificate.*
- (g) A valid Value Added Tax Clearance Certificate.*
- (h) A valid National Insurance Board Compliance Certificate.*
- (i) A copy of the registration documents for the registration of the Operator with the Financial Intelligence Unit of Trinidad and Tobago.*