DEPARTMENT OF INDUSTRY MINISTRY OF INDUSTRY, COMMERCE AND EMPLOYMENT ROYAL GOVERNMENT OF BHUTAN

APPLICATION FORM FOR ISSUANCE OF BRANCH LICENSE FOR EXISTING ESTABLISHMENTS

(PLEASE TYPE OR WRITE IN CAPITAL LETTERS)

1. Details of the Head Office:

i. Name of the Head Office:
ii. Dzongkhag:
iii. Gewog/Thromde:
iv. Exact Location:
v. Activity Type:

vi. License No.:

2. Details of the Branch Office:

v. Ownership Type (*Tick appropriate*):

- □ Sole-proprietorship
- □ Partnership
- □ Company
- \Box Others

vi. Proposed Scale of License (Tick appropriate):

□ Small (investment between Nu. 1 million - Nu. 10 million)

□ Medium (investment between Nu. 10.1 million - Nu. 99.9 million)

□ Large (investment of Nu. 100 million and above)

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3. Details of Investment (Excluding Working Capital)

To be filled by the applicant				
SL#	Type of Investment (Fill only if applicable)	Amount (Nu. in million)		
1	Land, buildings, factory sheds, etc.			
2	Plant, machinery, or other equipment			
3	Technology and Software			
4	Furniture, fixtures, vehicles, etc			
5	Others (specify)			
	Total Amount			

Note: Use additional sheets if required

4. Details of Employment:

SL#	Type of Employee	Number of Employee	
		National	Non-national
1	Managerial/Professional		
2	Skilled		
3	Unskilled		
Total			

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5. Documents to be submitted by the Applicant:

i. Application letter addressed to the Director General of the Department of Industry

ii. Ownership details of the establishment:

- a. Sole-proprietorship: Name and citizenship identity card number with valid security clearance
- b. Partnership: *Name(s) and citizenship identity number(s) with valid security clearance*
- c. Company: Certificate of Incorporation and Article of Incorporation
- d. Others: relevant documents (if any)

DECLARATION

I/We hereby declare that the information and the documents submitted are true and valid to the best of my knowledge. I shall be liable in case of any legal issues that may arise from misinformation in the future.

Signature (with seal) Name: Designation: Mail and Phone Number: Date: