

Schedule 1

**OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE & INDUSTRY
KOSRAE STATE GOVERNMENT
P.O. Box 600
Tofol, Kosrae, FM 96944
Phone: (691) 370-3044/2044 Fax: (691) 370-2066**

Application No.: _____

Date Received: _____

APPLICATION FOR KOSRAE STATE FOREIGN INVESTMENT PERMIT

This form must be completed and submitted to the Office of the Director at the address above. Answer every question. Attach additional sheets if necessary.

1. Name of applicant: _____

2. Name(s) of business (if different): _____

3. Address of principal office:

In Kosrae State

Outside Kosrae State

Phone: _____

Phone: _____

Fax: _____

Fax: _____

e-mail: _____

e-mail: _____

4. Name and address of registered agent in Kosrae State: _____

5. Purpose, scope, and objective of business: _____

6. Other FSM states in which applicant proposes to engage in business: _____

7. Form of applicant's business entity:

Sole proprietorship (individual) ___
Partnership ___
 General ___
 Limited ___
 Formed under the laws of _____
Corporation ___
 For profit ___
 Nonprofit ___
 Formed under the laws of _____
Joint Venture ___
Other (please specify): _____

8. Attach copies of the organic documents of the business entity indicated above (for example, partnership agreement, joint venture agreement, or, if a corporation, charter, articles of incorporation, and bylaws). If the business entity has not yet been formed, copies of the organic documents must be submitted before commencing to engage in business.

9. State the aggregate percentage of the applicant which is owned by citizens or governments of the FSM or legal entities wholly owned by such citizens or governments. ___ % Any other person is considered a noncitizen.

10. List all noncitizens (or state there are none, if applicable) who hold a substantial ownership interest in applicant, as defined in Section 3 of the State Foreign Investment Act: _____

11. Provide the following information for the applicant and for each noncitizen holder of a substantial ownership interest in applicant. Attach additional sheets if necessary. If any answer is "yes", provide details.

Has this person been convicted of a felony or crime of moral turpitude in the FSM, any state of the FSM, or any foreign jurisdiction during the prior 10 years?
___ Yes ___ No

Has this person ever had a foreign investment permit canceled by the FSM or any of its states? ___ Yes ___ No

Is this person now indebted to any government, citizen, or resident of the FSM?
___ Yes ___ No

12. Have you attached any additional sheets to this form? ___ Yes ___ No
If so, how many? _____

Under penalty of law, the undersigned states that he or she is the applicant or a duly authorized representative of the applicant, that he or she has read the foregoing application and understands its contents, and that those contents are true and complete to the best of his or her knowledge and belief.

Signature: _____

Printed name: _____

Title or position with applicant: _____

Address (if different than applicant's): _____

Signed and sworn before me this ____ day of _____, _____.

[SEAL]

Notary Public
My commission expires: _____