

PERSONAL INFORMATION OF APPLICANT(S)

Space Red	quirement			
How much sp	ace are you applying for:			
12 sq. meters	s / 129sq. feet ()	15 sq. meters / 161 sq. feet () 18 sq. meters / 193 sq. feet	()
23 sq. meters	s / 247 sq. feet ()	36 sq. meters / 387 sq. feet () 73 sq. meters / 785 sq. feet	()
More than 73	sq. meters / 785 sq. feet ()	Please enter amount		
Certification	on			
I certify that the	ne information provided above i	s true to the best of my knowledge		
Main Applica	ınt	PRINT NAME		
Signature		Date:		
0 - 1	4			
Co-Applican	t	PRINT NAME		
Signature		Date:_		
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СН	ECKLIST OF ITEMS TO BE SU	JBMITTED TOGETHER WITH YO	UR APPLICATION FORM:	
(1)	Police Certificate of Good Cha	aracter		
(2)	Financial Statements: Statem	ent of Saving/Indebtedness		
(3)	One (1) passport size photo of	f each applicant		
(4)	Copy of Valid Trinidad & Toba	go National Identification		
(5)	Comprehensive Business Pla	n		
(6)	Proof of Adequate funds to sta	art and sustain business for up to c	one (1) year	
(7)	Copy of Business Registration	n Certificate		

(4)









APPLICATION FORM FOR COMMERCIAL SPACE



CRITERIA USED TO DETERMINE THE SELECTION OF APPLICATIONS FOR H.D.C SHOPPING CENTRES

- 1) The Applicant must be a citizen of Trinidad and Tobago
- 2) The Applicant must have a current Certificate of Character from the Police
- 3) The Applicant must be relatively free of indebtedness from
 - a) Financial Institutions
 - b) The Trinidad and Tobago Housing Development Corporation (HDC)
- 4) The Applicant must have a sound business plan
- The applicant must have adequate funds to start the business and to sustain it up to one (1) year





PERSONAL INFORMATION OF APPLICANT(S)

Main Applicant	
Name:	
Date of Birth:	
I.D. Card or Passport No.:	
Address:	
Telephone No.: (home) (mobile) (work)	
Co-Applicant	
Name:	
Date of Birth:	
I.D. Card or Passport No.:	
Address:	
Telephone No.:(home) (work)	
To be Completed by Main Applicant:	
Are you a Current Business Owner? Yes () No ()	
If yes to previous Question:	
a. Name of Business:	
b. Business Location/Address:	
c. Number of years in operation:	
d. Type of Business:	
e. How many employees do you employ?	
f. Average monthly income of the business:	
g. Average monthly profit of the business(Total income minus total expenses)	
Please indicate your preferred Village Plaza	







PERSONAL INFORMATION OF APPLICANT/S)

		ERSUNAL INFURMA		OF APPLICA	A1(3)		
New Business \	/entu	re					
Hair Salon		Vegetable Produce/Fresh Fru	it 🗆	Auto Detailing		Restaurant	
Barber Shop		Car Electronics		Ice Cream Shop		Electrical	
Beauty Salon		General Merchandise		Coffee Shop		Meat Shop	
Ladies' Footwear		Lighting & Fixtures		Mini Hardware		Grocery	
Men's Apparel		Notary Public/Lawyer		Landscaping		Pharmacy	
Children's Apparel		Children's Footwear		Doctor's Office		Lawyer's Office	, [
Auto Parts Shop		Dentist Office					
Other (Please descr	ibe:						
Approximately how	much n	noney is required to operate/start	the bus	iness?			
Please list the source	e (s) of	funds for investing in the busine	ss:				
How many people d	o you ii	ntend to employ?					
Financial Inform	ation						
1.Name and address	s of bus	siness banking institution:					
			Yes ()	,			
If yes, Please state r	name o	f Credit Union:					
Branch Address:							
3.Do you have any e	existing	loan with a Bank or Credit Union	or hire p	ourchase? Yes	()	No ()	
If yes, state:							
a. Monthly loan	payme	nt to Bank:					

b. Monthly loan payment to Credit Union: ____

c. Monthly hire purchase payment:____