**APPLICATION FOR VERIFICATION OF PLANT / MACHINERY / MEDICAL DEVICES / OTHER FACILITIES USED FOR THE PURPOSE OF PRIVATE HEALTHCARE FACILITY PROMOTING HEALTHCARE TRAVEL**

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| **Company Profile** | | | |
| ROC No. |  | Date of Incorporation |  |
| Income Tax Reference No. |  | Income Tax Branch Office |  |
| Company Name |  | | |
| Mailing Address |  | | |
| Contact Person |  | Designation |  |
| Tel. No. |  | Fax No. |  |
| Website |  | Email |  |
| Name of Private Healthcare Facility |  | | |
| Type of Private Healthcare Facility |  | | |
| Location of Private Healthcare Facility |  | | |
| Date of Commencement of Operation |  | | |
| **\*Note: Please attach a copy of the following:-**   1. **Approval letter of the Investment Tax Allowance from MIDA** 2. **Letter on the determination of effective date for Investment Tax Allowance from MIDA (ITA-I)** 3. **letter on the verification of compliance to Investment Tax Allowance conditions from MIDA (ITA-II)** | | | |

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| **List of Plant / Machinery / Medical Devices / Other Facilities** |
| Please fill-in **Attachment 1.** |

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| **Declaration** | |
|  | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the Managing Director |
| (full name)      of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name of company) | |
|  | |
| (i) hereby declare that to the best of my knowledge, the particulars furnished in this application are true. | |
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| (ii) \*have engaged / is planning to engage the services of the following consultant for my application: | | | | | | | | |
| Company Name | | |  | | | | | |
| Mailing Address | | |  | | | | | |
| Contact Person | | |  | | Designation | | |  |
| Tel. No. | | |  | | Fax No. | |  | |
| Website | | |  | | Email | |  | |
| I take full responsibility for all information submitted by the consultant(s). | | | | | | | | |
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| Date | | | |  | | (Signature) | | |
|  | | | |  | |  | | |
|  |  |  | |  | |  | | |
|  |  |  | |  | | (Company’s Stamp or Seal) | | |
| **\*Note: Please complete this section if the company has engaged / is planning to engage the services of consultant(s) to act on behalf of the company.** | | | | | | | | |