

TO:

Agency for Foreign Investments and Export Promotion of the Republic of Macedonia
"Nikola Vapcarov" Str., no.7, 1000, Skopje

Directorate for Technological Industrial Development Zones
"Partizanski Odredi" Blvd., no.2, 1000, Skopje

(The beneficiary marks the competent authority to which it submits the request)

REQUEST

for payment of financial support

From company _____ with its registered office
at _____, with Unique Identification Number of Company _____,
telephone number: _____ and e-mail: _____

We submit request for payment of financial support in accordance with the Agreement for financial support no. _____ concluded with the Government of the Republic of Macedonia on _____ 201__ in accordance with the Law on Financial Support of Investments, for the following types of financial support:

	TYPE OF FINANCIAL SUPPORT:	REQUESTED AMOUNT (in MKD):
1.	Support for new employments	
2.	Support for establishment and promotion of business cooperation with suppliers registered in the Republic of Macedonia	
3.	Support for establishing organizational forms for technological development and research	
4.1	Payment of funds in the amount of the paid personal income tax on the salaries of employed citizens of the Republic of Macedonia	
4.2	Payment of funds in the amount of the paid profit tax	
4.3	Funds in the amount of up to 10% of the realized amount of the investment	
4.4	Payment of funds for every employee for whom a net salary higher by at least 50% than the amount of the minimum net salary prescribed under the Law on the Minimum Salary in the Republic of Macedonia has been paid	

5	Support for capital investments and revenues growth	
6	Support for purchasing assets of business entities in distress	
7	Support for increasing the competitiveness on the market	
8	Support for conquering markets and sales growth	
	TOTAL	

(By filling in the requested amounts, the beneficiary declares himself on the types of financial support for which the request refers to in accordance with the Agreement for financial support.)

With this request we also enclose the following documentation:

- Copy of concluded agreement for financial support no. _____ from _____, 20____;
- Annual account and financial statements for the previous year 20____;
- Consolidated annual account and consolidated financial statement for the previous year 20____;
- Certificate by the Central Registry of Republic of Macedonia that the business entity is not under a bankruptcy procedure, issued on _____ 20____;
- Certificate by the Central Registry of Republic of Macedonia that the business entity is not under a liquidation procedure, issued on _____ 20____;
- Trial balance giving the state at the end of the previous year 20____;
- Trial balance giving the state at the end of the previous month _____, 20____;
- List of capital assets with their purchase and their depreciated value, giving the state in the previous month _____, 20____;
- List of capital assets with their purchase and their depreciated value, giving the state at the end of the previous year 20____;
- Certificate by the Customs Administration that the business entity does not have unpaid debt on the basis of customs and other import duties, issued on _____ 20____;
- Certificate by the Public Revenue Office that there are no levied and unsettled tax obligations, issued on date: _____ 20____;
- Report on the total incurred eligible costs for the investment project by and including the end of the last year 20____;
- Notarized statement, given under full material, criminal and moral responsibility by the legal representative of the beneficiary confirming that the enclosed documentation and the data are correct, true and credible and that the beneficiary has not been granted state aid on any basis in the Republic of Macedonia for the same eligible costs; and

(The beneficiary marks the documents enclosed to the request and fills in the required information)

(The beneficiary states the additional documents for each type of support that is requested, in accordance with the Rulebook on the form and the contents of the request for payment of financial support and the required documentation)

Data about the business entity required for payment of financial support

Complete name of the entity: _____

Number of transfer account and commercial bank: _____

Unique Tax Number (UTN): _____

Reference number (*no. of the request*): _____

Upon request from the competent authority for payment of the financial support, we agree to submit also other documents which confirm the data and the facts listed in the request and in the documentation.

Date

APPLICANT

Place for seal

(*short company name, authorized person, signature*)