

MINISTRY OF SOCIAL TRANSFORMATION, YOUTH AND SPORTS

**APPLICATION FOR A CERTIFICATE OF EXEMPTION
(To be completed by Head of Registered FBO only)**

NAME OF REGISTERED FBO:		MEMBERSHIP:			
MAILING ADDRESS OF REGISTERED FBO:	CONTACT INFORMATION:		DATE ESTABLISHED IN SAINT LUCIA:		
	TEL #.....		DAY	MONTH	YEAR
	MOBILE#.....				
	FAX #.....		DATE OF INCOPORATION:		
	E-MAIL:.....		DAY	MONTH	YEAR
TYPE OF ORGANISATION: Denominational Faith Based Organisation <input type="checkbox"/> Non Denominational Faith Based Organisation <input type="checkbox"/>					
STATE TOTAL NUMBER OF PERSONS EMPLOYED:					
Number of persons employed in each category (a), (b), (c) or d)		Total number of employees belonging to Saint Lucia			
(a) Managerial		Number of Commonwealth Citizens employed - in each category below:		Number of Foreign Nationals employed in each category below:	
(b) Professional		(a) Managerial		(a) Managerial	
(c) Technical		(b) Professional		(b) Professional	
(d) Otherwise		(c) Technical		(c) Technical	
Steps taken to fill the position :		(d) Otherwise		(d) Otherwise	
1) Advertisement					
2) Personal Contact or introduction					
3) Other sources					
Description of Post to be filled by applicant referred to in Form 4 (A). Please provide full details of duties involved:					
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What programme (if any) has employer instituted for training persons belonging to Saint Lucia? Give details of programme, with dates and other relevant information.

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I hereby declare that the above information is true and correct.

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SIGNATURE OF EMPLOYER

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DATE