

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
CAPITAL INVESTMENT SCHEDULE**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

ACTUAL AMOUNT OF CAPITAL INVESTED (US\$)	
CURRENT QUARTER	CUMMULATIVE (CURRENT YEAR)
	FIRST QUARTER..... SECOND QUARTER..... THIRD QUARTER..... FOURTH QUARTER..... TOTAL

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
IMPORT SCHEDULE**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

GFZB FORM 9 SERIAL NO.	ITEM PRODUCT	OPENING STOCK		ADDITIONAL STOCK		CLOSING STOCK	
		Unit/ Volume (M/T)	Value (US\$)	Unit/ Volume (M/T)	Value (US\$)	Unit/ Volume (M/T)	Value (US\$)
TOTAL							

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES EXPORT SCHEDULE

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

GCNET ENTRY NUMBER	PRODUCT	VOLUME (M / T)	VALUE (US\$)
TOTAL			

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES LOCAL SALES SCHEDULE

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

FORM 9A NUMBER	PRODUCT	NAME OF IMPORTER	VOLUME OF SALES (M / T)	VALUE OF SALES (US\$)	VAT/DUTIES PAID (US\$)	FCVR NUMBER	FCVR DATE
TOTAL							

Name of Officer:.....

Name of CEPS Representative:.....

Signature & Stamp:.....

Stamp No.:.....

Signature & Stamp:.....

Date:

Date:.....

QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES EMPLOYMENT SCHEDULE

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

MANAGERIAL STAFF				TECH. & SUPERVISORY				SKILLED				UNSKILLED				TOTAL				TOTAL				GRAND TOTAL	
Nat.		Exp.		Nat.		Exp.		Nat.		Exp.		Nat.		Exp.		Nat.		Exp.		Nat.					
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
ACTUAL SALARY / WAGE SCHEDULE OF EMPLOYEES IN U.S. DOLLARS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

MANAGERIAL STAFF		TECH. & SUPERVISORY		SKILLED		UNSKILLED		TOTAL		GRAND TOTAL
Nat.	Exp.	Nat.	Exp.	Nat.	Exp.	Exp.	Nat.	Exp.	Nat.	

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
ACTUAL INCOME TAX SCHEDULE OF EMPLOYEES PAYABLE TO I.R.S IN U.S. DOLLARS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

MANAGERIAL STAFF		TECH. & SUPERVISORY		SKILLED		UNSKILLED		TOTAL		GRAND TOTAL
Nat.	Exp.	Nat.	Exp.	Nat.	Exp.	Exp.	Nat.	Exp.	Nat.	

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
ACTUAL SOCIAL SECURITY CONTRIBUTION FOR THE QUARTER IN U. S. DOLLARS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

	MANAGERIAL STAFF	TECH. & SUPERVISORY	SKILLED	UNSKILLED	TOTAL	GRAND TOTAL
	Nat	Nat	Nat.	Nat.		
EMPLOYER (12.5%)						
EMPLOYEE (5%)						
TOTAL						

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
ENVIRONMENTAL REPORT ON OPERATIONS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

			STATUS		
DATE OF EPA PERMIT	PRODUCT (S) / ACTIVITY	TYPE OF ENVIRONMENTAL REPORT REQUIRED	NOT INITIATED	INITIATED - PROCESS NOT COMPLETED	PERMIT GRANTED/PERMIT NUMBER

Name of Officer:

Signature / Stamp:

Date:

**QUARTERLY RETURNS OF COMMERCIAL ENTERPRISES
 FACTORIES INSPECTORATE CERTIFICATION**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

			STATUS		
DATE OF FID CERTIFICATION	PRODUCT (S) / ACTIVITY	TYPE OF CERTIFICATION REQUIRED	NOT INITIATED	INITIATED - PROCESS NOT COMPLETED	CERTIFICATE GRANTED/RENEWED /CERTIFICATE NUMBER

Name of Officer:

Signature / Stamp:

Date:

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
EMPLOYEES TRAINING SCHEDULE FOR NATIONALS**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

MANAGERIAL STAFF			TECHNICAL & SUPERVISORY STAFF			SKILLED			UNSKILLED			TOTAL NO. OF EMPLOYEES TRAINED	TOTAL COST \$
No.	Type Of Trg.	Cost Of Trg. \$	No.	Type Of Trg.	Cost Of Trg. \$	No.	Type Of Trg.	Cost Of Trg. \$	No.	Type Of Trg.	Cost Of Trg. \$		

Name of Officer.....

Signature / Stamp

Date:.....

QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES EMPLOYEES TRAINING SCHEDULE FOR EXPATRIATES

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

MANAGERIAL STAFF			TECHNICAL & SUPERVISORY STAFF			SKILLED			UNSKILLED			TOTAL NO. OF EMPLOYEES TRAINED	TOTAL COST \$
No.	Type Of Trg.	Cost Of Trg. \$	No.	Type Of Trg.	Cost Of Trg. \$	No.	Type Of Trg.	Cost Of Trg. \$	No.	Type Of Trg.	Cost Of Trg. \$		

Name of Officer:.....

Signature & Stamp:.....

Date:.....

**QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
WITHHOLDING TAX**

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

NAME OF SERVICE COMPANY	DESCRIPTION OF SERVICE/GOODS PROVIDED	GROSS VALUE OF PAYMENT	WITHHOLDING TAX	PERCENTAGE

Name of Officer:.....

Signature & Stamp:.....

Date:.....

QUARTERLY RETURNS ON OPERATIONS OF COMMERCIAL ENTERPRISES
VEHICLE EXEMPTIONS TO FREE ZONE ENTERPRISES

Name Of Company: Licence No.: Location

Quarter:..... 20..... Tel:..... Fax:

VEHICLE MAKE	CHASSIS NUMBER	ENGINE NUMBER	REGISTRATION NO.	DATE OF EXEMPTION	GFZB FORM 9 NO.	NAME/ADDRESS OF CONSIGNOR	DATE OF PURCHASE/ORDER	ISSUING OFFICER

Name of Officer:.....

Signature & Stamp:.....

Date:.....