



L0n -
FORM 02

APPLICATION FORM

LAND OWNER APPLICATION FORM
FOR SPECIAL ECONOMIC ZONES IN PAPUA NEW GUINEA

P. O. Box 1870, Waterfront, Konedobu, National Capital District Papua New Guinea

Section 1:

Land Owner Applicant Details Certified copy of (NID) National Identification Number/Passport Number. *Attach with this form*

Full Legal Name of Land Owner

Registered Address

Postal Address (if different):
Physical Address

Email Address

Contact Number

Section 2: Land Details

Description of the Land (e.g., vacant, agricultural, commercial):

The registered address and the contact details of the Authorised person of Applicant including physical address, email address and telephone numbers:

Authorised Contact Person

Designation of Contact Person:

Email Address of Contact Person:

Telephone Number of Contact Person

Nature of Business Investment

Section 2: Business Information:

Description of the proposed project in SEZ:
(Attach additional sheets if necessary)

Estimated Investment Amount (in PGK):

Source of Investment Funds:

Expected Number of Employees:

Proposed Location for SEZ Investment:

Expected Date of Commencement: / / 20

Section 3: Compliance and Regulatory Details

Provide details of any prior investments or businesses in Papua New Guinea (if any):
[Attach additional sheets if necessary]

Have you or your company ever been penalized or faced legal action in Papua New Guinea or elsewhere? Yes / No If yes, provide details:

Section 4: Documents Checklist

Please attach the following documents with your application:

- Certificate of Company Registration
- Business Plan for the SEZ Project
- Proof of Source of Investment Funds
- Tax Clearance (if applicable)
- Passport or National ID for foreign and local investors respectively
- Reference Letters from Banking Institutions
- Environmental Impact Assessment (if applicable)

Section 5: Declaration

I/We, the undersigned, hereby declare that all the information provided in this application form and the attached documents are true and accurate to the best of my/our knowledge. I/We understand that any false information can lead to rejection of this application or penalties as deemed fit by SEZA.

Full Name: Surname:

Designation:

Signature:

Date: / /20

Official Seal/Stamp:

Section 6: Submission Details

Please submit the completed form along with the necessary documents to:

Special Economic Zone Authority (SEZA) Papua New Guinea,
P.O Box 1870, Waterfront, Port Moresby, National Capital District,
Savanna Heights, Dynasty Tower Level: 3], Papua New Guinea.


Note: SEZA reserves the right to request additional information or documentation as deemed necessary during the evaluation process. The processing time and approval are subjected to the completeness of the application and adherence to SEZA regulations. See application criteria.




**Creating Independent, Self Reliant
& sustainable Economy in Papua New Guinea**

CONTACT US

-  +675 741 12180
-  infoseza.pg@gmail.com
-  www.pngseza.gov.pg

 P. O. Box 1870,
Waterfront, Konedobu,
National Capital District
Papua New Guinea

 Levels 2, 3 & 8
Dynasty Tower
Savannah Heights,
Waigani