

# STATE OF POHNPEI FEDERATED STATES OF MICRONESIA

## APPLICATION FOR FOREIGN INVESTORS BUSINESS PERMIT (Pohnpei State Foreign Investment Act of 2011)

### PREPARE NINE SETS OF THIS APPLICATION AND FILE WITH:

THE REGISTRAR OF CORPORATIONS  
POHNPEI STATE GOVERNMENT  
P.O. BOX 539  
KOLONIA, POHNPEI, FM 96941

TEL: (691)320-2356 or (691)320-6689 FAX: (691)320-5298

<i>Office Use Only</i>	
Application No.:	_____
Date Received:	_____
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date:	_____

1. Attach filing fee. Make check payable in US dollars to: POHNPEI STATE TREASURER  
\$50 non-refundable filing fee – Applications for alternate energy businesses, irrespective of the category or sector of investment, the main purpose of which is the production or distribution of alternate energy intended to reduce the state's reliance on imported fossil fuels for its energy needs as provided in §7-106(1)(b).  
\$50 non-refundable filing fee – Applications submitted under the Preferred Joint Venture Sector as provided in §7-107(1)(a).  
\$250 non-refundable filing fee - All other Applications.

2. Name of business: \_\_\_\_\_

3. Address of principal office at which business is to be conducted:

In Pohnpei

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outside of Pohnpei, if applicable

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name and address of person to be contacted regarding this application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Name and address of local agent (Person residing within Pohnpei upon whom process issued under any law of the State, the Federated States of Micronesia (FSM) may be served and his place of business or residence):

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\*\*\*Please enclose the following with this application: A certified copy of the minutes of the Board of Directors of the Corporation or Partnership Meeting, or an affidavit if other form of business, authorizing the local agent to act on the business' behalf.\*\*\*

6. Other states within the FSM in which business proposed to be conducted:

Chuuk \_\_\_\_\_ Kosrae \_\_\_\_\_ Yap \_\_\_\_\_

7. Requested duration of Permit: \_\_\_\_\_ Years

8. Purpose, scope, and objectives of proposed business: \_\_\_\_\_

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9. Total capital investment proposed to be made in Pohnpei:

\$ \_\_\_\_\_ (This may not necessarily be authorized capitalization of corporation)

- a. To be invested within \_\_\_\_\_ years
- b. Foreign participation \_\_\_\_\_ % \$ \_\_\_\_\_
- c. Local participation \_\_\_\_\_ % \$ \_\_\_\_\_

TOTAL 100% \$ \_\_\_\_\_

10. Form of the business organization under which the applicant proposes to do business: (Please mark with an X)

a.  Foreign Corporation \_\_\_\_\_  
Date of Charter \_\_\_\_\_ Place of Charter \_\_\_\_\_

b.  Domestic Corporation \_\_\_\_\_  
Date of Charter \_\_\_\_\_

c.  Partnership  General  Unlimited

d.  Joint Local & Foreign  Foreign Only

e.  Joint Venture (attach joint venture agreement stating particulars as to participants including citizenship of parties involved)

f.  Association

- g.  Sole Proprietorship
- h.  Joint Stock Company
- i.  Business Association
- j.  Other, Specify: \_\_\_\_\_

11. If form of business other than a corporation:

a. Specify ownership of business (describe local participation)

b. Specify names of ownership and management, addresses and citizenship:

12. Category of Economic Sector Investment under which permit is sought. *(Please mark with an X)*  
(See §7-107, Pohnpei State Foreign Investment Act of 2011)

1) Open "Pohnpei Green List" category:

- Preferred Joint Venture Sector
- Initial Capitalization Sector
- Special Investment Sector

2) Discretionary "Pohnpei Amber List" category:

- Less than citizenship investment required
- Less than the initial capitalization required
- More than the required noncitizen owned equity

3) Prohibited "Pohnpei Red List" category:

- Prohibited

4) Temporary category:

- Temporary

Explanation as to why the business activity fits within the category of investment marked above:

**ALL APPLICANTS MUST PROVIDE COMPLETE ANSWERS TO QUESTIONS 13-15. PLEASE ATTACH SEPARATE SHEETS WHERE NECESSARY**

**\*\*PLEASE ATTACH DOCUMENTARY EVIDENCE TO SATISFY THE REGISTRAR THAT INITIAL CAPITALIZATION REQUIREMENTS HAVE BEEN MET. DOCUMENTARY EVIDENCE MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING: BANK STATEMENTS, CERTIFIED FINANCIAL RECORDS, AND APPRAISALS.\*\***

13. Financial - Please complete the following:

A. Total Capital Investment to Complete Project:  
(Please indicate if start-up costs)

**Foreign Participation:**

In cash	\$ _____
In kind	\$ _____
Machinery, equipment, spare parts	\$ _____
Material/supplies	\$ _____

TOTAL: \$ \_\_\_\_\_

\_\_\_\_\_ % Foreign Equity \$ \_\_\_\_\_

\_\_\_\_\_ % Loan Capital \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**Local Participation:**

In cash	\$ _____
In kind	\$ _____

Capital assets (building, etc.

Specify, including the land)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Machinery, equipment, spare parts \$ \_\_\_\_\_

Material/supplies \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_





Please attach a copy, duly certified by the officers authorized to grant such certification , of each of the following documents:

- a. Articles of Incorporation
- b. Bylaws
- c. Charter or certification to do business in state or territory where organized

18. AUTHORIZED CAPITAL STOCK:

Please attach an affidavit sworn by an authorized officer of the corporation stating the amount of its authorized capital stock on or within 60 days before the date of filing this application.

**\*\*NOTE: FOREIGN CORPORATIONS must register with the Registrar of Corporations, Federated States of Micronesia. Please check with that office about the registration requirements.\*\***

19. Any other information that the applicant may deem appropriate:

THE UNDERSIGNED, being a duly authorized officer of the corporation or business, upon penalty of perjury, deposes and says that he has read the foregoing application and the same is true of his own knowledge and belief.

SUBMITTED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Name & Title

)  
) ss  
)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_