Declaration Form Freezone Facility Charge

FreeZone Aruba

Year: 20 _____

Company name: _____

Account no. : _|_|_|_|_|

License no. : _|_|_|_|_|_|_|

Please type or print

The undersigned declares that total turnover[1] over the month of _____

Fill in corresponding month

Amounted to ☐ $ _____
☐ Afl

Fill in amount and indicate currency by checking appropriate box

The undersigned further declares to have paid Freezone Facility Charge in the amount of

☐ $ _____
☐ Afl

Fill in amount and indicate currency by checking appropriate box

Payment was made in favor of Free Zone Aruba (FZA) NV by

☐ Bank transfer/deposit to
- ○ AB # 4002851
- ○ CMB # 21208905

☐ Cheque

☐ Cash
(only amounts under Afl. 1000,-)

Indicate payment method by checking appropiate box(es)

Aruba, _____ , 20____

Name _____

Signature _____

Form should be signed by managing director or a person holding power of attorney

1 Turnover refers to total value of sales of merchandise, cash or credit in the reported period, whether from export or sales to the local market, as well as the value of sales of merchandise or goods processed on behalf or third parties and the value of all services rendered, including management fees, lease income, etc. The turnover is the basis for calculating the FFC.

FZA office seal

This declaration form should be submitted and the FFC paid within 30 days after the end of the month reported.
Failure to declare and/or pay on time may result in a penalty of up to 100%.