

FOREIGN INVESTMENT BOARD

P.O. BOX 1733 KOROR, PALAU PW 96940 PHONE NO: (680) 488-1135 / 2073 FAX NO: (680) 488-3722 E-Mail: fibpalau@palaunet.com

QUARTERLY REPORT FORM

Quarter____

Invest Octob Board form Janua Quart from	Quarterly Report Form must be completed by each FIAC holder and submitted to the Foreign ment Board on or before each of the following dates every year: January 31, April 30, July 31, and ser 31. A \$25.00 late fee will be automatically assessed for reports filed after the required dates. The may impose additional penalties for failure to file Quarterly Reports. The first Quarterly Report filed by an FIAC holder each calendar year should be completed in full (normally this will be the try report). Once the FIAC holder has submitted a complete Quarterly Report form, subsequent terly reports during that calendar year are only required to report information that has changed the previous report. Any question that is unanswered will be deemed to be a statement that no e has occurred since the previous report.					
Failur result	e to file Quarterly reports may be deemed a violation of the Foreign Investment Act, and could in the modification suspension or termination of an FIAC, in addition to other civil penalties.					
Type o	or Print in Ink.					
1.	Foreign Investment Approval Certificate or Foreign Business Permit No.					
2.	Name, mailing address, telephone and fax numbers of the business enterprise.					
	phone					
	fax					
3.	Physical location (Please also attach a photograph of the exterior of your business that will allow the Foreign Investment Board to locate your business from the street.):					

Type o	f business activity			
State(s) in which business activity is conducted			
Describe all current national and state licenses obtained by the business enterprise (identify the licensor, the license number, and type(s) of licenses issued).				
incensu	r, the acease number, and type(s) of aceases issued).			

Citizenship	Foreign Passport No.	Date of Hire	Work Permit No.	Expiration Date	Date Foreign Worker Fees paid
	Citizenship	Passport	Passport Date of	Passport Date of Work Permit	Passport Date of Work Permit Expiration

9.	Describe any training programs(s) implemented for the employees since the issuance of the Foreign Investment Approval Certificate or Foreign Business Permit, or in the last quarter if such programs were described on a previously submitted Quarterly Report Form (if so, identify the form).				
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For e	each item 10-14, please attach a copy of the relevant forms and payment receipts.				
10	Esperant Western Food for the grounder				
10.	Foreign Worker Fees for the quarter				
11.	Gross Revenue Tax for the quarter				
12.	Wage and Salary Tax for the quarter				
13.	Social Security Tax for the quarter				
14.	Import Tax paid during the quarter				
15.	Provide as an attachment to this Quarterly Report Form certified copies of any changes	s to the			

- 15. Provide as an attachment to this Quarterly Report Form certified copies of any changes to the Articles of Incorporation, By-Laws, Stock Affidavit, Partnership or Joint Venture Agreement since the issuance of the Foreign Investment Approval Certificate or Foreign Business Permit, or in the last quarter if such documents were provided in connection with a previously submitted Quarterly Report Form (if so, identify the form).
- 16. Provide as an attachment to this Quarterly Report Form copies of any loans obtained by the business enterprise since the issuance of the Foreign Investment Approval Certificate or Foreign Business Permit, or in the last quarter if such copies were provided in connection with a previously submitted Quarterly Report Form (if so, identify the form).
- 17. Identify all beneficial owners by name, address, citizenship, percentage ownership and the date this person acquired the beneficial interest. Please indicate whether any changes in ownership took place since your last Quarterly Report.

	<u>Name</u>	<u>Ad</u>	<u>dress</u>	ss <u>Citizenship</u>		<u>Date</u> <u>Interest</u> <u>Acquired</u>
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C1	bscribed and sworn to bef	čovo mo this				
~ 41		CAV ARE CARES	day 01	Not	ary Public	