



GUYANA GEOLOGY & MINES COMMISSION
GOLD AND/OR PRECIOUS STONES
APPLICATION FOR A TRADING LICENCE

Please tick the box if this is a **Joint Application** and state the number of Applicants.

Joint Application Number of Applicant(s):

Name of Applicant in full

Name of Sureties in full

Male Female
Gender

Mining District: Coastal:

ID #: TIN #: Police Clearance #:

Tel. Phone #: Email:

Description of Premises and where situated:- Mining District:

(i)

Business Permission description including landing and mining district:-

(ii)

Business Permission #:

Business Address:

Mailing Address:

Date:

yyyy/mm/dd

.....
Signature of Applicant

(i) Here fill in accurate description of the locality for which the licence is to be granted.

(ii) Here fill in a full description of the premises in which the business is to be carried on.

G.G.M.C

NOTE: Please Attach a copy of ID, TIN Certificate and proof of address

NOTE: Any applicant for a **TRADING LICENCE** who gives incorrect information in relation to any matter within his/her knowledge may have his/her licence revoked