

**LOCAL BENEFITS**  
**(SOCIAL, ECONOMIC AND ENVIRONMENTAL)**

**Do you offer apprenticeships/training opportunities?** \_\_\_\_\_

**Apprenticeships/training opportunities**

Please indicate whether the company offers apprenticeships or training opportunities. If no apprenticeship or training opportunities exist, then indicate below. (Add more lines as needed)

NUMBER	NAME	NON BERMUDIAN	BERMUDIAN	APPRENTICESHIPS OR TRAINING OFFERED BY YOUR COMPANY (month/year)

**Number of employees/Bermudians**

Please indicate the total number of persons employed by the company and the number and percentage of Bermudian employees.

NUMBER OF NON-BERMUDIANS:	
NUMBER OF BERMUDIANS:	
NUMBER OF EMPLOYEES:	
PERCENTAGE OF BERMUDIANS:	

Annex F – Local Benefits

**Will the proponent use local businesses in their supply chain?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, then please provide an explanation\_\_\_\_\_

**Will the proponent use local sub-contractors (if applicable)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, then please provide an explanation\_\_\_\_\_

**Safety, Health and Environmental Policies**

Please indicate whether the company has a (i) safety and health policy, (ii) sustainable goods and/or services policy, and/or (iii) an environmental policy. If so, then please provide a copy.

Copy attached Yes\_\_\_\_\_ No\_\_\_\_\_

Provide a copy of the proponent's **Certificate of Incorporation** (if applicable).