



## SOLE TRADER BUSINESS APPLICATION FORM

(Section 6(1), Business Licence Act 1998)

### Details of applicant

Surname

First Name

Any other name known by (e.g. Matai)

PO Box Number

Village

Trading Name

Telephone Number

Fax Number

eMail address

### Nature of Business (Business activities)

Do you prefer letters in: English ☐ Samoan ☐

a.) Is the applicant a citizen of Samoa? ☐ Yes ☐ No

If you're not a citizen of Samoa, you are required to obtain a Foreign Investment Certificate (FIC) from the Ministry of Commerce Industry and Labour.

b.) FIC registration number

c.) Business financial year end?  /  /  (if other than 31 December, please ensure to apply for Commissioner's approval before first tax return is filed)

d.) Amount of starting capital? \$

e.) Source of funding?

(Provide evidence of amount stated in part d.)

### Declaration

Name of authorized person

Designation/Title

I declare that the above information given on this form is true and correct.

Signature

Date

 /  /

## Other information required

If you need to register for VAGST please complete a VAGST registration form IR31.

If you need to register for Salary & Wages, please complete a Salary & Wage (PAYE) registration form IR11.

## Have you attached

All applications are to be made to the Commissioner of Inland Revenue. Please tick the following checklist of additional documents to be provided with this application form:

- ☐ Site map of business location;
- ☐ Legal form of identification with photo of applicant, shareholders or directors where applicable (e.g. passport/birth certificate/driver's licence);
- ☐ Evidence of capital or funding of business (bank statement, etc);
- ☐ Foreign Investment Certificate (if applicable);
- ☐ \$352.00 per activity for sole trader
- ☐ Health Compliance Certificate (for business that involves fast-food and related activities);
- ☐ Samoa Tourism Authority Confirmation (for tourist accommodations and related activities);
- ☐ Qualifications/Credentials (for specialized professions);
- ☐ MoF License to operate Petrol station (if applicable); MoP
- ☐ Permit to conduct Bingo operations (if applicable);

OFFICE ONLY	Submitted by CSO	
	<input type="text"/>	
	(Signature)	Date submitted to CEO via ACEO <input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	
	(Signature of ACEO)	Date checked by ACEO <input type="text"/> / <input type="text"/> / <input type="text"/>
Approved by CEO/Commissioner		
	<input type="text"/>	
	(Signature)	Date approved <input type="text"/> / <input type="text"/> / <input type="text"/>
Tax Identification Number issued		
	<input type="text"/>	Date BL Certificate issued <input type="text"/> / <input type="text"/> / <input type="text"/>

## Please send this form to:

Inland Revenue Services, PO Box 1877, Apia. Fax to +685 20414

If you need assistance completing this form, phone us in Apia on +685 20411 or Salelologa +685 51574