



NEW BUSINESS APPLICATION FORM (EXCLUDING SOLE TRADERS)

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

Details of applicant

Name

Continued...

If partnership, give legal name of partnership.

If company, give company's registered legal name as provided in the Certificate of Incorporation issued by Ministry of Commerce, Industry & Labour (MCIL).

PO Box Number Village

Trading Name

Telephone Number Fax Number

eMail address

Details of business

Business Type

- Company
 Non-Profit Organisation
 Partnership
 Commercial Traveller
 Trust
 Other

Name of partner/shareholder	Share ratio	Citizen	Village	eMail or phone number
<input type="text"/>	<input type="text"/> %	<input type="text"/> Y / N	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/> Y / N	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/> Y / N	<input type="text"/>	<input type="text"/>

* If a partner or shareholder is a non-resident, please provide Foreign Investment Certificate (FIC) from MCIL.

Date of Foreign Investment Certificate (if applicable) / /

Foreign Investment Certificate registration number

Do you prefer letters in: English Samoan

For a company

Date of company registration / / Company registration number

Registered office address

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 & Wages (PAYE) registration form IR11.

OFFICE ONLY

Submitted by CSO

(Signature)

Date submitted to CEP via ACEO

 / /

(Signature of ACEO)

Date checked by ACEO

 / /

Approved by CEO/Commissioner

(Signature)

Date approved

 / /

Tax Identification Number issued

Date BL Certificate issued

 / /

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