



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

(Signature)

Date submitted to CEO 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