



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

Details of business (continued)

Directors of the company or Trustees of the trust

| Full legal name | Citizen | Physical address | eMail or phone number |
|----------------------|---------|----------------------|-----------------------|
| <input type="text"/> | Y / N | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Y / N | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Y / N | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Y / N | <input type="text"/> | <input type="text"/> |

Business Economic Activities

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Activity | Activity | Activity |

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

b.) Amount of starting capital? \$.

c.) Source of funding? (Provide evidence of amount stated in part b.)

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, directors, partners, trustees where applicable (e.g. passport/birth certificate/driver's licence);
- Evidence of capital or funding of business (bank statement, etc);
- Company Certificate of Incorporation (if applicable);
- Partnership agreement (if applicable);
- Deed of Trust (if applicable);
- Foreign Investment Certificate (if applicable);
- \$500.00 per activity for company/joint venture/commercial traveller;
- \$220.00 per activity for partnership/non profit organization;
- 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);

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