



## APPLICATION OR RENEWAL OF TAX AGENT REGISTRATION

(Section 15 Tax Administration Act 2012)

Name of Tax Agent or Agency	<input type="text"/>				
	<input type="text"/>				
Postal Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Village <input type="text"/>
Trading Name	<input type="text"/>				
Telephone Number	<input type="text"/>		Fax Number	<input type="text"/>	
eMail address	<input type="text"/>				

Member of Samoa Institute of Accountants?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have a Public Practice Certificate?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have more than five clients?	Yes <input type="radio"/>	No <input type="radio"/>

### Key Office holders

Show details of key office holders (including Tax Identification Numbers where appropriate) including;

- The tax manager, chief financial officer, chief executive officer and the directors
- All shareholders for companies
- All partners for partnerships
- The individual for sole traders

Name	Position	TIN
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If you require more space, please attach a separate list.

## Tax Agent Status criteria

Have you:

- Ever been notified of an offence or breach by the disciplinary body of a professional organisation, of which you are a member? Yes  No
- Ever been convicted of an offence under the Income Tax Administration Act 1974? Yes  No
- Ever been convicted of a crime involving dishonesty? Yes  No

Are you:

- An un-discharged bankrupt or an insolvent entity? Yes  No
- An individual who is prohibited from being a director, promoter of, or taking part in the management of a company under the Companies Act? Yes  No

Do you:

- Have a good compliance history in respect of your personal tax affairs or as a tax agent of taxpayers? Yes  No
- Have personal circumstances which would make being a tax agent inappropriate (e.g. Having an immediate relative in the Ministry for Revenue)? Yes  No
- Have a relevant qualification or appropriate experience in accounting Yes  No

Describe your experience or attach evidence of your qualification (for first time application only)

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Any further comments

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## Declaration

Name of authorized person

Designation/Title

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

Signature

Date

 /  / 

**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