



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)

Any further comments

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