MINISTRY OF REVENUE

IR50

APPLICATION OR RENEWAL OF TAX AGENT REGISTRATION

(Section 15 Tax Administration Act 2012)

Tax Identification Number (TIN)

Name of Tax Agent or Agency

Postal Address

Village

Trading Name

Telephone Number

Fax Number

eMail Address

Member of the Samoa Institute of Accountants? Yes ◯ No ◯

Do you have a Public Practice Certificate? Yes ◯ No ◯

Do you have more than five clients? Yes ◯ No ◯

Key Office Holders

Show details of key office holders (including Tax Identification Numbers were 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

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 2012? **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 of Customs and 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 solemnly declare that the information provided in this application are true; and I understand that any misleading or false information is an offence under the Tax Administration Act 2012

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