SOLE TRADER

TIMS01

MINISTRY OF REVENUE

Tax Identification Number ☐☐☐☐☐☐

INFORMATION UPDATE FORM

(Use this form to confirm or update your registration and contact details for purposes of TIMS)

Confirm Registration Details Below:
(Faamautu mai Faamaumauga o lau resitala)

Surname:
(Faaiu)

First Name:
(igoa Muamua)

Business/Trading Name:
(Igoa mo Fefa'atauaiga)

Declaration of Authorised Person:
(Ta'utinoga o le ua faatagaina)

Authorised Person:
(Tagata Faatagaina)

Position/Title:
(Tulaga)

Mobile Number:
(Numera Feaveai)

Email Address:
(Imeli)

Are you currently using an Invoicing system:
(O e faaaogaina se masini Faa-Eletoroni mo fefaatauaiga)

YES ☐ (Ioe) NO ☐ (Leai)

If Yes, Tick all that apply:
(Faailoa mai Vaega uma e aofia)

Cash Register	
Computerized Point of Sale	
Accounting Software	
Invoice/Receipt Book	
Other	

If yes, What type: _____

If yes, What type: _____

Provide description: _____

Confirm your Business activitiy(s) and location(s):
(Faamautu mai au ituaiga pisinisi faapea nofoaga)

	Activity (Ituaiga pisinisi)	**Location** (Nofoaga)
1		(Headquarters / Main Office)
2		
3		
4		
5		

Continue to second page if you have more than five(5) business activities and/or locations
(Faaauau ile laupepa lona lua(2) pe afai e sili atu ile lima(5) au pisinisi, faapea nofoaga)

Declaration

Authorised by:

Designation/Title

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

Signature Date / /

Please present this form to the Ministry of Customs and Revenue, Level 4 DBS Building Savalalo or our office at Salelologa Market. Alternatively you can email this form to **tims@revenue.gov.ws**

If you require assistance with completing this form, please contact: **+685 20411** or send us an email.

	Activity (Ituaga pisinisi)	**Location** (Nofoaga)
6		
7		
8		
9		
10		