



**NEW BUSINESS APPLICATION FORM**  
**(EXCLUDING SOLE TRADERS)**  
 (Business Licence Act 1998)

Taxpayer Identification Number [TIN]

**A. Details of Applicant**

Legal name of Entity or Arrangement

Trading name (if applicable)

Registered Office Address:  P.O Box     Fax  Phone #   
 eMail

Bank Account(s) (Main business accounts)  
 (Bank 1) Name:  Account Number:   
 (Bank 2) Name:  Account Number:

Business Activity	Location
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**B. Details of Business**

**Business Type (tick the relevant answer)**

Company **Go to C**    
  Partnership **Go to D**    
  Non Profit Organisation **Go to E**    
  Trust **Go to F**    
  Other **Go to G**

**IMPORTANT:** If you ticked Company, Trust or Other Legal Arrangements (e.g. Foundation), you **MUST** fill in IR24B form together with this form for Beneficial Ownership information

**C. Company**

Date of Company Registration  /  /  Company Registration Number

Name of Shareholder	Share %	Samoan Citizen?	Address	eMail or Phone contact
<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 shareholder is **Not a Samoan Citizen**, please attach Foreign Investment Certificate (FIC) from MCIL and fill in the below information:

Date of FIC (if applicable)  /  /  FIC Registration Number

Name of Director	Samoan Citizen?	Physical Address	eMail or Phone contact
<input type="text"/>	<input type="text"/> Y / N	<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"/> Y / N	<input type="text"/>	<input type="text"/>

## D. Partnership

Name of Partners	Capital Share %	Samoan Citizen?	Address	eMail/Phone contact
	%	Y / N		
	%	Y / N		
	%	Y / N		
	%	Y / N		

If shareholder is **not a Samoan citizen**, please attach Foreign Investment Certificate (FIC) from MCIL and fill in the below information:

Date of FIC (if applicable)

/ /

FIC registration number

## E. Non Profit Organisation *(Charitable Trusts are NOT included here)*

Type of NPO (i.e.) clubs, society, foundation, public charities, etc

Purpose of organisation

## F. TRUSTS

Type of Trust (tick correct answer)

Charitable Trust  
(Go to section F1)

Other Trusts

(Go to section F2)

### F1: Information for a Charitable Trust

#### A. Details of the Settlor

Name

Address

eMail/Phone Contact

#### B. Details of the Trustee(s)

Name

Address

eMail/Phone Contact

#### C. Purpose of Trust

### F2: Other types of Trusts

Please provide the following information where applicable. If you need more space, please attach extra paper sheet with additional information.

	Trust Members	Name	Address	Email/Phone contact
A.	Settlor			
B.	Protector (if applicable)			
C.	Trustees			
D.	Beneficiaries			

## G. Other Classes of Licence *(Does NOT include Commercial Traveller or Special Licence)*

1. Please specify class of licence (e.g. statutory authority)

2. Purpose of business

## H. Other Details of Your Business *(This Applies to All Business Types)*

1. Business financial year end (i.e. 31 December)? *(If other than 31 December, you must apply for Commissioner's approval before first Income Tax return is filed)*

2. Amount of starting capital? \$

**(Please provide proof e.g. bank statement)**

3. Source of Funding

## I. Checklist

**Before submitting this form, check if you have all your supporting documents by checking against this list and ticking applicable documents.**

All applications must provide:

<input type="checkbox"/>	Site map of business location;
<input type="checkbox"/>	Legal form of identification with photo of applicant, shareholders, directors, partners, trustees where applicable (e.g. passport/birth certificate driver's licence);
<input type="checkbox"/>	Evidence of capital or funding of business (bank statement, copy of contract, etc);

Also attach the following documents that is applicable to your business type and business activity:

<input type="checkbox"/>	IR 24B Beneficial Ownership form (if you are a company, partnership, trust or any other legal arrangement)
<input type="checkbox"/>	Company Certificate of Incorporation (if you are a Company);
<input type="checkbox"/>	Partnership agreement (if you are a Partnership);
<input type="checkbox"/>	Deed of Trust (if you are a Trust);
<input type="checkbox"/>	Constitution for the Organization (if you are a non profit organisation);
<input type="checkbox"/>	Foreign Investment Certificate (if a non-citizen is involved in your business e.g. as a shareholder, partner etc);
<input type="checkbox"/>	Qualifications/Credentials (for specialized professions e.g. lawyers, doctors, plumbers, carpentry services etc);
<input type="checkbox"/>	Samoa Tourism Authority Confirmation (for tourist accommodations and related activities);
<input type="checkbox"/>	Health Compliance Certificate from Ministry of Health (for business that involves fast-food and related activities);
<input type="checkbox"/>	Ministry of Finance License to operate Petrol station (for petrol station businesses);
<input type="checkbox"/>	Gaming Licence from Gambling Control Authority (for gaming and gambling related activities);

## J. Declaration

*I solemnly declare that the information provided in this application are true; and I understand that any misleading or false information will result in ramifications under the Business Licence Act 1998.*

Name of Authorized Person

Designation/Title

Signature

**I have read and understood my declaration**

Yes  No

Date

 /  / 

OFFICE USE ONLY

Submitted by CSO [Signature]

Date Submitted to ACEO

 /  / 

Checked by ACEO [Signature]

Date Checked by ACEO

 /  / 

Approved by CEO [Signature]

Date Approved by CEO

 /  / 

Date BL Certificate Issued

 /  /

**PLEASE SEND THIS FORM TO:**

Inland Revenue Services, PO BOX 1877, Apia or Fax to +685-20414. If you need assistance completing this form, please contact us in Apia on +685-20411 or Salelologa +685-51574

**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.