



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)

<input type="radio"/> Company Go to C	<input type="radio"/> Partnership Go to D	<input type="radio"/> Non Profit Organisation Go to E	<input type="radio"/> Trust Go to F	<input type="radio"/> 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

FEE: \$640.00

Date of Company Registration / / Company Registration Number

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

D. Partnership

FEE: \$282.00

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)*

FEE: \$282.00

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

Purpose of organisation

F. TRUSTS

FEE: \$640.00

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Details of the Trustee(s)

Name	Address	eMail/Phone Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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);
<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

 / /

Submitted by CSO [Signature]

Checked by ACEO [Signature]

Approved by CEO/Commissioner [Signature]

Date Submitted to ACEO

Date Checked by ACEO

Date Approved by CEO

Date BL Certificate Issued

OFFICE USE ONLY

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.