



BUSINESS LICENCE RENEWAL FORM

(Business Licence Act 1998)

A. Details of Applicant

Taxpayer Identification Number [TIN]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR OF RENEWAL	<input style="width: 100%;" type="text"/>			
Registered Name <i>(in Business Licence Certificate)</i>	<input style="width: 100%;" type="text"/>					
Trading Name <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>					
Registered Office Address:	P.O Box	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax	<input style="width: 100%;" type="text"/>	Phone #	<input style="width: 100%;" type="text"/>
	eMail	<input style="width: 100%;" type="text"/>				

Business Types and Applicable Fees

<input type="radio"/> Sole Trader \$282	<input type="radio"/> Partnership \$282	<input type="radio"/> Company \$640	<input type="radio"/> Trust <i>(including Charitable Trust)</i> \$640
<input type="radio"/> Non Profit Organisation \$282	<input type="radio"/> Special Licence <i>(or Temporary Licence)</i> \$40/Day	<input type="radio"/> Commercial Traveller \$640	<input type="radio"/> Statutory Body \$640

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

B. Additional Information

Update your Tax Information by providing us the following details of your business

B1. For a Sole Trader Date of Birth <input style="width: 100%;" type="text"/>	B2. For a Partnership/Trust Date of Agreement <input style="width: 100%;" type="text"/>	B3. For a Company MCIL Registration Date <input style="width: 100%;" type="text"/>
B4. Business Activities and Bank Account Information (Applies to All Business Types)		
Business Activity	Location	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Bank Account(s) <i>(Main business accounts)</i>	(Bank 1) Name: <input style="width: 100%;" type="text"/> Account Number: <input style="width: 100%;" type="text"/>	
	(Bank 2) Name: <input style="width: 100%;" type="text"/> Account Number: <input style="width: 100%;" type="text"/>	

C. 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	I have read and understood my declaration
<input style="width: 100%;" type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
Designation/Title	
<input style="width: 100%;" type="text"/>	
Signature	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
<input style="width: 100%;" type="text"/>	

OFFICE USE ONLY

STEP 1: TSD TO CHECK

Does taxpayer have any Outstanding Returns OR Tax Liabilities?

Yes No

If **NO**, go to **STEP 3**

If **YES**, Refer case to CED. Go to **STEP 2**

TSD Officer:

STEP 2: CED OFFICER TO MAKE ARRANGEMENT WITH TAXPAYER

Has taxpayer settled their Outstanding Returns and Liabilities in full?

Yes No

If **YES**, go to **STEP 3**, If **NO**, comment below

If **No**, make arrangement. Go to **STEP 3**

What Arrangement have you made with Taxpayer? (Note below/RMS Correspondence)

CED Officer:

Approved [ACEO CED]

Refer back to TSD. Go to **STEP 3**

Date:

/ /

STEP 3: ACEO TSD TO APPROVE

Approved [ACEO TSD]

Date:

/ /

[Print BL Certificate]

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

