



**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)

Business Location (Address):  P.O Box     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 <b>Go to C</b>	<input type="radio"/> Partnership <b>Go to D</b>	<input type="radio"/> Non Profit Organisation <b>Go to E</b>	<input type="radio"/> Trust <b>Go to F</b>	<input type="radio"/> Other <b>Go to G</b>
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**IMPORTANT:** If you ticked Company, Trust or Other (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"/>	<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"/>

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"/>

\*If there is a **non Samoan Citizen**, please provide : (1) Foreign Investment Certificate [FIC Number:   
 (2) A valid Police report from country of citizenship for proof of good character  
 (3) A temporary resident permit to do business

## 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 there is a **non Samoan Citizen**, please provide : (1) Foreign Investment Certificate [FIC Number:   
 (2) A valid Police report from country of citizenship for proof of good character  
 (3) A temporary resident permit to do business

## 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 *(All applications are to be made to the Commissioner of Inland Revenue. You must submit with this form the following mandatory requirements)*

Site map of business location;
Valid passport or at least 2 legal form of identification (e.g birth certificate, citizenship certificate, driver's license)
Evidence of capital or funding of business (bank statement, copy of contract, etc);
Confirmation of legal status of land where the business is located (CFC/lease agreement for freehold land and written consent from Sa'o o le aiga or matai looking after the family for customary land)
Foreign Investment Certificate, Temporary resident permit & Police Report from country of citizenship (for non-Samoan citizens);
Qualifications/Credentials (for specialized professions such as auditors, engineers, lawyers, plumbers etc);
Samoa Tourism Authority Confirmation (for tourist accommodations and related activities);
Health Compliance Certificate from MOH (for restaurants, fast-food and related activities);
License from Ministry of Finance (to operate Petrol station);
Permit from Ministry of Police (for Bingo games);
Manufacturing license from Liquor Board (to manufacture excisable goods)
Exhibitor's license from Ministry of Justice & Courts Administration (for TV station, cable TV, cinema etc)
Fishing license from Ministry of Agriculture and Fisheries (if applicable)
Generation licence from EPC (generation of electricity for sale)
Electricity Network Services licence (if applicable)
Telecommunication license (for telecommunication related activities)
Permit/clearance from Samoa Fire Emergency Services Authority (installation of fire protection equipment)
Export license (for slaughterhouses, packing houses and canneries etc)
License to import, sell and pack poisons from MOH

## 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/Commissioner [Signature]

Approved by CEO Date

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.