



Information Update Form for Non-Individuals (Business)

All Business Taxpayers are required to update their information

Business Type

(Please tick only one)

Company:

Partnership:

Sole Trader:

Other:

Estate:

Trust:

Please specify (if other)

Section A: Business Profile

T.I.N

Business Registration Number:

Entity Name:

Nature of Business:

Date of Incorporation:

 (dd/mm/yy)

Trading Names:

1.	<input type="text"/>	3.	<input type="text"/>
2.	<input type="text"/>	4.	<input type="text"/>

Is it a Foreign Entity?

Yes No

If a Company, is it:

Public Private

Tax Agent Details

Tax Agent's Number

Tax Agent's Name

Section B: Contact Details

Authorised Person Details

T.I.N

First Name:

Middle Name:

Last Name:

Email Address:

Work Phone:

Mobile Phone:

Address

Address format; (should not be Laucala beach only. Should be Lot 1, Ratu Dovi Road, Laucala Beach Estate, Nabua, Suva)

Exact Business Address:

Exact Postal Address:

SECTION C: Bank Details

Bank Name	Branch No.	Account No.

SECTION D: Tax types you are registered for

Income Tax: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Service Turnover Tax: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Value Added Tax: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Environment Levy: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pay As You Earn: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Provisional Tax: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Responsibility Tax: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Telecom Levy: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fringe Benefit Tax: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Third Party Levy: <input type="checkbox"/>	Start Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(dd/mm/yy)			(dd/mm/v)		

SECTION E: Relationships

Please provide details of all partners, directors, beneficiaries, trustees or other related companies/entities.

Name	T.I.N	Address

DECLARATION

I,

Declare that the information in this application is true and correct in every detail

Signature:

Date:

(dd/mm/yy)

Drop form at nearest FRCS office or email datacleansing@frcs.org.fj. For any queries call our hotline 1326.