



## SECTION A: Legal Entity Determination

### 1. Please select your taxpayer category

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Company : <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Listed | <input type="checkbox"/> Co-operative Society | <input type="checkbox"/> Estate                     |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Embassy              | <input type="checkbox"/> International Organisation |
| <input type="checkbox"/> Non Profit Organization  | <input type="checkbox"/> Government           | <input type="checkbox"/> Trust                      |

Entity Name:

### 2. Issuing Agency

Business Registration Number  Date of incorporation

Mobile Number  Email Address

Is this a Foreign Entity? Yes  No  Investment Fiji Certificate Number

Will the company have its own articles of association? Yes  No  Date of certificate

## SECTION B: Addresses

### 1. Registered Address

Local Address:

Region:  Island/City/Town:

Province:  Village/Suburb:

### 2. Select one of the following Mailing options

- |  |  |                      |
|--|--|----------------------|
| <input type="checkbox"/> Same as Registered Address. | Postal Office / Location / Residential Address | <input type="text"/> |
| <input type="checkbox"/> Postal Office/Location.     | P.O Box  | <input type="text"/> |
| <input type="checkbox"/> Private Mail Bag. P.O. Box. | Island / City / Town                           | <input type="text"/> |
|  | Province                                       | <input type="text"/> |

**SECTION C: Shareholders**

| TIN | Name | Start Date | No. of Shares | Share Price | Share Percentage |
|-----|------|------------|---------------|-------------|------------------|
|     |      |            |               |             |                  |
|     |      |            |               |             |                  |
|     |      |            |               |             |                  |
|     |      |            |               |             |                  |
|     |      |            |               |             |                  |

*Add more lines and attach it in a separate sheet if needed*

**SECTION D: Related Parties**

| TIN | First and Last Name | Relationship Type | Start Date |
|-----|---------------------|-------------------|------------|
|     |                     |                   |            |
|     |                     |                   |            |
|     |                     |                   |            |
|     |                     |                   |            |
|     |                     |                   |            |

*Add more lines and attach it in a separate sheet if needed*

**SECTION D: Fiscal Period**

Please select a fiscal year for  
CIT (Corporate Income Tax)

Do you want to apply for long  
months ? period (up to 18 months)? Yes  No

Date of commencement

**SECTION E: Statement of Income**

Fiscal year start  Fiscal year end

Estimated Income Tax liability

## SECTION F: Business & Branch Details

### 1. Business registration details

Do you hold any additional business names registered with Registrar of Companies? Yes  No

*#1 Number links Business name to Branch details #1.1, #2.1*

| # | Business Name | Registration Number | Start Date | Nature of Business | Business Activity |
|---|---------------|---------------------|------------|--------------------|-------------------|
| 1 |               |                     |            |                    |                   |
| 2 |               |                     |            |                    |                   |
| 3 |               |                     |            |                    |                   |
| 4 |               |                     |            |                    |                   |
| 5 |               |                     |            |                    |                   |

*Add more lines and attach it in a separate sheet if needed*

Do you hold a class 2 gaming license for non-charitable purpose or intend to apply? Yes  No

Are you providing voice call services? Yes  No

### 2. Update branch details for your business names

*#1.1 links Branch details to Business name #1, #2.1 links Branch details to Business name #2 etc.*

| #   | Street Address   | Region         | Province | Island/City/Town | Village/Suburb | Contact Number |
|-----|--|----------------|----------|------------------|----------------|----------------|
| 1.1 | Do you rent this location?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Landlord's TIN |          |                  |                |                |
|     | Do you rent this location?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Landlord's TIN |          |                  |                |                |
|     | Do you rent this location?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Landlord's TIN |          |                  |                |                |
|     | Do you rent this location?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Landlord's TIN |          |                  |                |                |
|     | Do you rent this location?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Landlord's TIN |          |                  |                |                |
|     | Do you rent this location?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Landlord's TIN |          |                  |                |                |

*(If Yes, Landlord's TIN is Mandatory)*

*Add more lines and attach it in a separate sheet if needed*

## SECTION G: Tax Type Registration

### 1. PAYE Details

Does your business have employees? Yes  No  Date on which you became liable for PAYE

Does your business have resident employees earning more than FJD 30,000 per year? Yes  No

Does your business have taxable non-resident employees? Yes  No

How many non-resident employees does your business have?

Preferred Filing  **Single**  
(Consolidated)  **Separate filing**  
(Confidential & non-confidential)

### 2. FBT Details

Do you have any associates or employees receiving Non-cash benefits? Yes  No

Date on which you became liable for FBT

Preferred Filing  **Single**  
(Consolidated)  **Separate filing**  
(Confidential & non-confidential)

### 3. VAT Details

Do you want to register voluntarily for VAT? (If expected turnover is below FJD 100,000) Yes  No  Date on which you became liable for VAT

Select your filing period if expected turnover is less than FJD 300,000 Monthly  Quarterly  Annual

Expected turnover for the next 12 months

Are you an Importer? Yes  No  Are you an Exporter? Yes  No

### 4. STT/ECAL-PS Details

Do you provide any prescribed service to your customer? Yes  No

| Prescribed Service | Commencement Date | Expected Prescribed Service Turnover (FJD) |
|--------------------|-------------------|--|
|                    |                   |  |
|                    |                   |  |
|                    |                   |  |

*Add more lines and attach it in a separate sheet if needed*

### 5. ECAL-PB Details

Do you issue any plastic bags to your customers? Yes  No  Do you use a Point-of-Sale system? Yes  No

Please enter the date on which you first issued plastic bags

## SECTION H: Representatives

| TIN | Date of Birth | First and Last Name | Email | Tax Type |
|-----|---------------|---------------------|-------|----------|
|     |               |                     |       |          |
|     |               |                     |       |          |
|     |               |                     |       |          |
|     |               |                     |       |          |

## SECTION I: FRCS Office

Enter your preferred FRCS Branch for all dealings of Tax affairs.

## SECTION J: Declaration

TIN:  Designation:

15. Full Name:

16. Lodgement Date:  17. Signature: \_\_\_\_\_

### Checklist

- 1. Business registration certificate
- 2. Investment Fiji certificate
- 3. Photo ID of accountable representatives (passport, elections voter card, driver's licence, joint ID card)
- 4. Photo ID of third party submitting form on behalf of applicant

I declare that the information in this application including supporting documents submitted with this application is true and correct in every detail.

**\*NOTE THAT IT IS A SERIOUS OFFENCE TO PROVIDE FALSE INFORMATION TO THE CHIEF EXECUTIVE OFFICER**

### For Office Use Only

Officer's Name: \_\_\_\_\_ Officer's Signature \_\_\_\_\_

Date of Receipt \_\_\_\_\_ Form Bundle Number \_\_\_\_\_

\* Your application will be processed in 3 working days. For faster turnaround time use the Taxpayer Online Service (TPOS).