



Taxpayer Identification Number

Full Name

SECTION A: Registered 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					

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 Does the Business have any unregistered activity? Yes No

Is this a Foreign Entity? Yes No

Investment Fiji Certificate Number

Date of certificate

2. Add 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? 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 B: Unregistered Business & Branch Details

1. Unregistered Business Activity

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

#	Business Name	Start Date	Business Activity
1			

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

Are you a produce supplier? Yes No

Do you want to register this activity for VAT? Yes No

(If Yes, then go to SectionC, Q3)

2. Add 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord's TIN				
	Do you rent this location? 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 C: 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 Annually

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 D: Representatives

TIN	Date of Birth	First and Last Name	Email	Tax Type

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

SECTION E: Statement of Income

Fiscal year start Fiscal year end

Estimated Income Tax liability

SECTION F: 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).