MINISTRY OF FINANCE AND ECONOMIC MANAGEMENT

Revenue Management Division RM 102

PO Box 120, Avarua, Rarotonga Telephone: (682) 29-365 Facsimile: (682) 29-465 Email.revman@mfem.gov.ck

EMPLOYER REGISTRATION

RMD NUMBER ISSUED

Please answer all questions and make sure you sign the declaration

1 **Name** - Print your full name or the name of the estate, trust, partnership, or the registered name of the company.

2 **Trade name** - If the trading name is different from the name shown above, print it here.

3 **Nature** of business or trade

4 **Business location**

5 **Mailing address** - Print your usual mailing address **or** Accountant's name and address

6 **Business** telephone number **6 8 2**

After hours telephone numer **6 8 2**

Fax number (if any) **6 8 2**

Email: _____

7 **When** will you start employing?

day month year

8 Print the **number of employees** you have:

9 Print the full name of the person we can contact about this registration…

First name(s)

Surname

…and a contact telephone number **6 8 2**

10 **Would you like an RMD Officer to contact you to explain your responsibilities** Yes ☐ No ☐

11 **Declaration**

I declare that the information given in this form is true and correct.

Signature *Date*