

MINISTRY OF FINANCE AND ECONOMIC MANAGEMENT

Revenue Management Division

RM 2

PO Box 120, Avarua, Rarotong Telephone: (682) 29-365 Facsimile: (682) 29-465

| | | | | | | | | | | | | | | | Offic | e use | only | | | | | | |
|----|---|---------|------|----------|-----------------------------|--------|--------|-------|----------|----------|-------------------------------------|----------------------------------|-------|--------|--------|----------|-------|------|---------|--|--|--|--|
| | ON - INDIVIDUAL A | MB | BER | | | | | | | | | | | | | | | | | | | | |
| 0 | nly use this form if you are | | | | RMD number issued/confirmed | | | | | | | | | | | | | | | | | | |
| Pl | ease answer all the questions | and | mak | ke su | re yo | ou sig | gn th | e ded | clara | tion | | | | | | | | | | | | | |
| 1. | Name - Print the full name of | | | | | | | | | | | | | | | | | | | | | | |
| | Trust, Partnership, Estate or | | | | | | | | | | | | | | | | | | | | | | |
| | registered name of the Comp | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Trade name - If the trading r | ama | | | | | | | | | | | | | | | | | | | | | |
| ۷. | is different from the name | | | | | | | | | | | | | | | | | | | | | | |
| | printed above, print it here | | | | | | | | | | | | | | | | | | | | | | |
| | printed above, print it here | | | | | | 1 | 1 | | | | 1 | | | | | | 1 | | | | | |
| 3. | Business Location | | | | | | | | | | | | | | | | | | | | | | |
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| | Are you a resident for tax purposes? Yes No | | | | | | | | | | | | | 10 | | | | | | | | | |
| 4. | Mailing Address - Print you | r [| | | | | | | | | | | | | | | | | | | | | |
| | usual mailing address if | | | | | | | | | | | | | | | | | | | | | | |
| | different from question 3. | | | | | | | | | | | | | | | | | | | | | | |
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| 5. | Your Accountant's Name | - | | | | | | | | | | | | | | | | | | | | | |
| | and Address | 4 4\ | | | | | | | | | | | | | | | | | | | | | |
| | (only if you have an accoun | tant) | | | | | | | | | | | | | | | | | | | | | |
| 6. | Telephone number | k | 6 | 8 | 2 | | | | | | | | | | | | | | | | | | |
| | | Hom | ne | 6 | 8 | 2 |] | | | | | | 1 | | | | | | | | | | |
| | Fax number (if any) | | | 6 | 8 | 2 |] | | | | | |] | | | | | | | | | | |
| | rax number (ii any) | | | _ 0 | 0 | | j | | | | | | | | | | | | | | | | |
| | Email: | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Tick the organisation type | | | | | | | | | | | | | | | | | | | | | | |
| | Company | ate / T | rust | t | | Part | ners | hip | | | Club | o / So | ciety | / / Cl | narity | / / O1 | her (| Orga | nisatio | | | | |
| 8. | Please send one of the follow | ving o | docu | ımen | its as | ide | ntific | atio | n: | | | | | | | | | | | | | | |
| | - Certificate of incorporation | on fo | r co | mpa | nies | | | | | | We will send all original documents | | | | | | | | | | | | |
| | - Certificate of incorporation | | | • | | | dies | 3 | | | | back to you, but we would prefer | | | | | | | | | | | |
| | - All organisations please | | | | end p | | | | | | | | | | | | | | | | | | |
| _ | National attention | | | | | | | | | | | A | | | | | | | | | | | |
| 9. | Nature of business or trade | ŀ | | | | | | | | ├ | | | | Acti | - | | | | | | | | |
| | | L | | <u> </u> | | | | | <u> </u> | <u> </u> | <u> </u> | | | Cod | ਦ | <u> </u> | | | | | | | |
| 10 |). What is the organisation's s | tart da | ate? | • | | | | | | | | | | | | | | | | | | | |
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| (| or ex | ecuti | ve o | ffice | hold | er be | | | | | | | | | | | | | | | | | | | | | |
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| 2. | Print | the f | ull na | ame | and | telep | hone | nur | nber | of a | pers | on w | e ca | n coi | ntact | abou | ut this | s reg | istrat | ion. | | | | _ | | | |
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| | Name | | | | | | | | | | | | | | Pho | ne N | umb | er | | | | | | | | | |
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| | I de | declare that the information given on this form is true and correct. | | | | | | | | | | | | | | | _ | | | | | | | | | | |
| | | Signature | | | | | | | | | | | | | | 1 1 | | | Da | ate | | | 1 | | | | |
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11. Print the name, address and personal RMD number of each shareholder, director, partner, trustee