



IMPROVING THE LIFE OF SOLOMON ISLANDERS
Inland Revenue Division Solomon Islands

Inland Revenue
PO Box G9
Honiara
Ph: 22556
www.ird.govt.sb

GOODS TAX REGISTRATION FORM

(Wholesaler or Manufacturer)

Taxpayer Name/s	
Business Trading Name	
Business Structure (Please tick applicable box and attach required information) If you are unsure, please contact us or your accountant.	<input type="checkbox"/> Individual / Sole Trader <input type="checkbox"/> Partnership – You must list the names of all Partners, their share in the <input type="checkbox"/> Company – You must attach a copy of the Certificate of Incorporation <input type="checkbox"/> Trust – Attach copy of Trust Deed. Name of Trustee operating the business:
Commencement Date	day /month /year ___/___/___
Main Business Activities	
State whether wholesaler or manufacturer or both	Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/>
State Types of Goods	Manufactured
	Sold by Wholesale

Contact Details

Address where business located	
Postal Address	
Telephone Number	
Contact Name	
Accounting Firm Name:	

Signed.....	Date
Capacity of signing officer	
(eg public officer of company, partner, owner etc)	

If you need more information contact us at our Customer Service Centre in Honiara or one of our branches in Gizo and Auki. You can also telephone or write to us.

