

Name of business:

Tax Identification Number (TIN) Application – NON-Individual

Type of entity: (Tick one)	Compar Partnersh		Trust Other (school, NGO etc.)
Name of entity:			
Trading name:			
Nature of business activities:	or other		
Mailing address:	PO Box (if applic or street name:	able)	
	Village, town, city		
Email:	District or Provine	ce	Telephone:
Business physical location	Street name and p number (if Know Village, town, cit	n)	
	District or provin	ce	
Email:			Telephone:
Tax agent name (if	applicable)		
Is the entity a reside		Islands fo	r tax purposes? Yes 🛛 No 🖵
If NO , country of r	residence?		
Has the entity ever h	ad a TIN before?	Yes 🗆	No 🗆
If YES , what was t	he number?		
What taxes do you n	need to register for?	(Tick all	applicable)
Income Tax	Goods	Tax 🗖	PAYE
Withholding Tax	□ Sales	Tax 🗖	
OR (if this registrati	on is only to comp	ete for a b	bid):
Will register	for applicable taxe	s if win b	oid 🗖
Trading name:			



Date business comment	ced:	/	/	
Financial year end (insert date):				
If a business, estimated	annual turnover (\$)			
Estimated profit for first year (\$)				
	Bank name:			
Bank account details	Account number:			
	Account name:			

Individuals associated with this applicant – if a company or partnership, provide the details of each individual associated with the entity on the schedule on the next page.

Declaration

I declare that the information provided in this	form is true an	d correct	t in every respect.	
Signature:	Date:	/	/	
Full name:				
Capacity in which you are signing this form _				
Note: It is a serious offence to make a false or prosecution under the <i>Tax Administration Act</i>	0	tement o	n this application and	could lead to

Send completed form and supporting documentation to PO Box G9 Honiara, or drop it off at the IRD Customer Service Centre or email to <u>taxeducationteam@mof.gov.sb</u>



SCHEDULE - DETAILS OF INDIVIDUALS ASSOCIATED WITH COMPANY OR PARTNERSHIP

A. If the applicant is a company – provide details of each director and indicate which is the managing director:

Director Name	TIN (If known)						

B. If the applicant is a company – provide details of each shareholder:

Shareholder Name	% of shares held	TIN (If known)						
	100%				1	1		

C. If the applicant is a partnership, provide details of each partner and indicate which is the managing/senior partner:

Partner Name	% of income entitlement	TIN (If known)						
	100%							

D. If the applicant is a Trustee, provide details of the Trust including the Trust Deed:

Trustees Name	% of income entitlement	TIN (If known)						