



**Section 12 (6)  
Tax Administration Act 2012**

**APPLICATION FOR REGISTRATION OF IMPORTERS, EXPORTERS WAREHOUSE OPERATORS  
AND AGENTS.**

**(1) – APPLICANT DETAILS**

Name of Applicant:

Name of Business:

Type of Business:	Sole Proprietorship	<input type="checkbox"/>	Individual	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	NGO	<input type="checkbox"/>
	Private Ltd Liability	<input type="checkbox"/>	Government	<input type="checkbox"/>
	Public Ltd Liability	<input type="checkbox"/>	Corporation	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>		

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**(2) – IDENTIFICATION**

TIN No.:

**(3) – BUSINESS REGISTRATION**

License Number:

Date of Establishment:   
( DD / MM / YY )

**(4) – ADDRESS**

**Head Office / Applicants (Permanent):**

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Telephone No. : -----

Fax : -----

Email : -----

Website : -----

**Other Offices / Stores / Applicant's (Residence):**

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Telephone No. : -----

Fax : -----

Email : -----

Website : -----

**(5) – CUSTOMS REGISTRATION NUMBER (Official use only)**

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**(5) – PRINCIPAL ACTIVITIES**

- |   |   |
|---|---|
| <input type="checkbox"/> Importer               | <input type="checkbox"/> Exporter                 |
| <input type="checkbox"/> Importer Manufacturer  | <input type="checkbox"/> Exporter Manufacturer    |
| <input type="checkbox"/> Customs Agent / Broker | <input type="checkbox"/> Shipping Agent / Carrier |
| <input type="checkbox"/> Warehouse Operator     | <input type="checkbox"/> Freight Forwarder        |

**(6) – DECLARATION**

Name of authorized person: \_\_\_\_\_

Designation / Title: \_\_\_\_\_

“I declare that the information provided in this Application is true and correct. I understand that failure to provide true and correct information may result in this application being declined”

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(7) – ATTACHMENTS**

Please tick the following checklist of documents to be provided with this application form:

- Certified copy of a valid Business License
- Any other of License currently in your possession
- Certified copy of a form of identification i.e. passport details of driver’s license

*(note: please fill a separate page 1 for each business you wish to register with Customs for import/export activities)*

**(Office Use Only)**

Date Received 

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Customs Officer 

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Signature 

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Endorsement Officer 

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Signature 

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**Please send this for to Customs Department, P.O Box 44, Matautu - tai, Apia. Fax: +685 21562**

If you need assistance completing this form, contact us on +685 21561