## **SCHEDULE 1**



## **BUSINESS LICENSE APPLICATION FORM**

1	Year							
2	LICENSE AREA - Select the below. Please note, a sep business.				•			
	Area Council Code							
3	Type of Application	- Tic	k one Option					
			○ New		Renewal			
4	Commencement Date	9						
5	Business Name Print your full name or Name of Business as Registered with VFSC							
6	Name of Licensee(s)	- Prop	orietor of busines	ss				
7	Premises Licensed - A	\ sepe	erate license is re	equired for ea	ch premises			
	Name							
	Village							
	Council							
8	Payment Option							
			O Single In	stallment	○ 4 Quarterly Insta	llment		

O Bislama	○ English		○ French		
Tax Identifcation	Number				
Type Of Business	Please select which type of l	ousiness entity y	ou operate ι	ınder (please	
O Yu wan ( Sole proprietorship)	Partnership (Yu ) wetem wan defren man bageken)	O Limited (Wan Ka	Company mpani)	Others Write Below	
Frade Names If you	ı use trade names different f	rom the one ab	ove. identify	them here	
- Trade Names if you	ruse trade names different i	Tom the one ab	ove, identity	them here	
Contact Person					
Contact Details					
Apiling Addross					
haiting Address					
_		Telephone	e		
PO Box		Telephone Mobile	9		
O Box					
PO Box /illage		Mobile			
Aailing Address PO Box Village Tribe Area Council Email Address		Mobile			
PO Box Village Tribe Area Council Cmail Address Names Of Shareho	<b>olders</b> For partnerships or c	Mobile Office		all partners a	
PO Box  /illage  Tribe  Area Council  Email Address  Names Of Shareho	<b>olders</b> For partnerships or o	Mobile Office	full name of a	all partners a	
PO Box  fillage  fribe  fribe  fribe  frimail Address  Names Of Sharehoshareholders	<b>olders</b> For partnerships or c	Mobile Office ompany, print f	full name of a	all partners a	
PO Box  fillage  fribe  fribe  fribe  frimail Address  Names Of Sharehoshareholders	<b>olders</b> For partnerships or o	Mobile Office ompany, print f	full name of a	all partners a	
PO Box  /illage  Tribe  Area Council  Email Address  Names Of Sharehoshareholders	<b>Diders</b> For partnerships or o	Mobile Office ompany, print f	full name of a	all partners a	

Full	Name	Position		Nation	ality		
7	Registrations						
	It is requirement in Taf		business enterpri	ses employing	staffs must provide cop		
	of their employer certif						
	VNPF Employer Cer	tificate Number					
	VAT Registration No	umber			☐ VAT Exempt		
	VIPA Registration N	umber					
	VFSC Registration N	lumber					
.8	For <b>NEW APPLICAT</b> Name Registration (		of your certific	cate of incor	poration or Busines		
	•						
9	For a <b>RENEWAL</b> , if you have changed your business name or shareholding/ownersl during the last calendar year attach a copy of your new certificate of incorporation						
	or Business Name Re	-		new cerem	cate of incorporation		
0	If you are a <b>foreign</b>	<b>investor</b> under t	he Foreign Inv	estor Act, a	ttach copy of your		
	foreign investment	approval certifica	ate.				

## LICENSING FEE INFORMATION

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	investors refer to Appendi	ix A of Schedule 1 of the Bu	siness License Act of the F	Republic of Vanuatu.	
Business License Category	Business Activity	Location	Actual Turnover last Calendar Year	Estimated Turnover Current Licensing Year	
17	Name of authorized Additional Notes	person Signature	form is true and corre	Date	

Business Activities to be carried out during the licensing year (Jan 1 st - Dec 31 st ) - For Local

Businesses from Tafea Province, refer to Appendix A of this Licensing Schedule, whereas for foreign

OFFICE USE ONLY						
Date Application R						
Approved License N						
Date of Issue						
Issued By						
Condition of Issue						
	Activity I	icense Fe		Foreign Investo	r Foo	
1	Activity	-1001130 1 0	<u> </u>	Torcigii iiiveste		
2						
3						
4						
Total Fee Payable						
Due Date	Fee Amou	unt		Receipt No		Receipt Date
31 January						
30 April						
31 July						
31 October						