



Ministry of Commerce, Tourism & Labour

**P.O. Box 110,
Nuku'alofa,
Tonga**

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APPLICATION FORM *for* FOREIGN INVESTMENT REGISTRATION CERTIFICATE

Notes in *italics* in this form are intended for general guidance only

FOREIGN INVESTOR INFORMATION

1. Proposed Name of Foreign Investment Business

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2. Intended Address of Foreign Investment Business:

Street Name:	Town:	Island:

3. Authorized/Nominated Contact Person:

Title:	First Name:	Last Name:
Position in Foreign Investment Business :		

Mailing Address :	
Business Phone :	
Mobile No.:	
Email :	
Fax No :	

4. Nominated Mailing Address in Tonga:

Postal Box:	Town:	Island:

5. Ownership Structure of Foreign Investment Business:

Sole Proprietor	
Partnership	
Company	

6. Details of Owners

If sole proprietor or partnership, please provide details of individual owners;

If company, please provide details of individual shareholders

Name	Date of Birth.	Position	Residential address	% of Shares	Country of Citizenship

(Please attach a separate page if more space is required to list all such persons.)

BUSINESS ACTIVITY & INVESTMENT INFORMATION:

7. Description of Business Activity

<i>[Tick applicable activity below]</i>	Do you intend to carry on business in the following categories of activities?	YES	NO
	Commercial Fishing		
	If you answered (Yes) above, have you complied with the respective Resource Management Plan administered by the Ministry of Fisheries?		
	Agricultural supply, store distributing seeds, fertilizers and chemicals		
	If you answered (Yes) above, have you complied with the requirements of the Pesticide Act 2002?		
	Educational Facilities		
	If you answered (Yes) above, have you complied with the requirements of the Education Act (Cap 86)?		
	Medical or Health Activity		
	If you answered (Yes) above, have you complied with the requirements of the Public Health Act 1992; Therapeutic Goods Act 2001; Nursing Act 2001; Medical and Dental Practices Act 2001; Pharmacy Act 2001 or the Health Practitioners Act 2001?		

If your intended business activity does not fall within the categories outlined in 7 above, please list and describe the activities to be undertaken by the Foreign Investment Business:

(Please attach a separate page if required to list and describe all the activities to be undertaken)

8. Investment Capital Information

Total Value of Investment	\$TOP
Foreign Citizen Investment	
Tonga Citizen Investment	
Total Value of Fixed Assets of the Enterprise	

ADDITIONAL INFORMATION:

9. Current Business Involvement

Are any of the owners (as listed under heading 6 above) involved in any other Foreign Investment Business in Tonga	Yes	No
If you answered yes above, please provide details below:		
Name of Business :		
Name of Shareholders:		
Business Activity		
FIRC No.		

10. Solvency Status

Are any of the owners (as listed under heading 6 above) an un-discharged bankrupt, in receivership or liquidation under the laws of Tonga or any other country?	Yes	No
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FOR STATISTICAL PURPOSES ONLY:**11. Proposed level of Total Investment Costs:**

Year 1 (\$TOP)	Year 2 (\$TOP)	Year 3 (\$TOP)

12. Proposed Level of Employment:

Tongan Citizens:	
Foreign Citizens:	

FEES

Method of Payment of Fees

Purpose	Fees	Cash/Cheque
Application for Foreign Investment Certificate	\$115.00	
Application for Transfer of Foreign Investment Certificate	\$51.75	
Application for Amendment of Foreign Investment Certificate	\$17.25	

***Fees quoted above includes Consumption Tax (15%)**

How would you like to be notified of the decision for your application?

Method of Decision Notification	Tick as appropriate
Personal Collection	
Receive by Mail (Decision would be sent to the nominated mail address in Tonga)	

DECLARATION:

I/we, the undersigned, being duly authorized by the foreign investor, declare that the information contained in this application is correct and complete and I/we authorize the Secretary for Ministry of Commerce, Tourism & Labour to make all necessary inquiries and to conduct all necessary action in relation to this application.

Name(s)	Position(s)

Signed at: _____

this day of,
Month Year

Signature (s):

The completed form should be submitted either in person or by post to:

**Chief Executive Officer
Ministry of Commerce, Tourism & Labour
Latai Estate
Fasi-mo e-afi
P.O. Box 110
Nuku'alofa
TONGA**

Only fully completed, original, signed forms will be processed by the Ministry of Commerce, Tourism and Labour.