



Business Trade Investment Board
Cook Islands

1 **AF1001B**

SHORT TERM BUSINESS APPLICATION FORM

(Complete this form if you intend to carry on Business in the Cook Islands within less than 36 months or if you are based overseas and come to the Cook Islands for short periods in a year)

Official use only

FIXED CONTRACT

TRADE IN GOODS & SERVICES

TRADE IN SERVICES ONLY

TRADE IN GOODS ONLY

Section 1: INFORMATION ON THE PROPOSED ACTIVITY

1. Short description of the proposed business activity:

.....

2. Name of Foreign Enterprise:

.....

3. Location of the activity (name of land and island):

.....

4. Contact person*

Address.....

Tel.....Fax.....Email.....

**Provide proof of authorisation to be official contact*

5. Value of goods and services to be provided to the Cook Islands*

**Attach a copy of the contract to provide the goods and or services*

Description of goods or services supplied	Value in NZ\$
<i>Total</i>	

6. Value of goods and services produced while in the Cook Islands for export*

Eg: Film making in the Cook Islands, harvest of lagoon products etc

Description of goods or services produced	Value in NZ\$
<i>Total</i>	

**Attach copy of the contract to supply the goods or services outside the Cook Islands*

7. Tax benefit to the Cook Islands

Type of tax	Value in NZ\$
VAT	
Import/Export duty	

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Personal	
Company	
Other(explain)	
<i>Total</i>	

8. Financing of the project

Form of Financing	Source	Amount
Own financing		
Long term loan financing		
Short term loan financing		
Other sources of financing(foreign aid, government etc)		
<i>Total</i>		

9. Potential Market Primary Market (tick)
 Domestic Export

10. Labour Requirements

A. Start up labour requirements (for commencing operation)

Type of Labour	Foreign	Local	Total
Managerial			
Skilled			
Unskilled			
<i>Total</i>			

B. Local Labour requirements*

Type of Labour	Y1	Y2	Y3
Managerial			
Skilled/Technical			
Unskilled			
<i>Total</i>			

C. Foreign Labour requirements

Type of Labour	Y1	Y2	Y3
Managerial			
Skilled/Technical			
Unskilled			
<i>Total</i>			

Note- Please provide wages and benefits scale for both foreign and local employees in table above.

11 Proposed project implementation schedule

Description of work	m 1	m 2	m 3	m 4	m 5	m 6	m 7	m 8	m 9	m 10	m 11



Section 2: PROFILE ON THE FOREIGN ENTERPRISE

1. Legal status of the foreign enterprise (please tick one below)

- Private Individual
- Partnership
- Private Limited Liability Company
- Public Limited Liability Company
- Other

Please specify if other).....

For individual:

- 2. Name of individual / legal entity:**.....
- 3. Address:**.....
- 4. Nationality:**.....
- 5. Passport No:**.....

For companies and partnerships:

- 6. Country of Registration:**.....
- 7. Registration No:**.....
- 8. Details of Shareholding:**

Name	Passport No.	Nationality	% of Shareholding

If the shareholder of the company is an individual, please submit personal address and a copy of passport data page along with the completed business profile.

9. Full address/contact of the entity:

Street.....City..... Postal Code.....
 State.....Country.....
 Fax.....Phone.....Email.....

10. Background of the foreign enterprise:

(a) Write up on experience in related field or general experience in business

.....
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11. Bank details of the foreign enterprise:

Bank Name:
 Bank Address:
 Account name:
 A/C Number:

12. Financial background of the foreign enterprise:

(a) Total Net Worth in (NZ\$)
 (b) Ownership interests in other business (fill in below)

Type of Current Business	Year of commencement of business	Total investment in business(NZ\$)

(c) No. of current employees in business wholly or partially owned by the applicant:

(d) Income over the last 3 years (fill in below)

Period	Gross Annual Income in NZ\$	Net Income in NZ\$
Year 1		
Year 2		
Year 3		

Section 3: **WORK AND RESIDENCY PERMIT**

(a) Foreign worker*

Provide copy of their passport data page

Only those identified in Paragraph 10, Section 1

Name	Nationality	Duration	Position in business	Reason

Declaration*

I hereby declare that the information provided with this application is true and accurate and that I may be subject to prosecution if the information provided is false.

Signature:Date.....

Name:Company.....

**To be signed by the foreign enterprise (a director in the case of a company) or the contact person with a Power of Attorney from the foreign enterprise*