

Private Bag Avarua, Rarotonga Cook Islands

Telephone: (682) 24296 Faxsimile: (682) 24298 Email: info@btib.gov.ck

## FILING OF ANNUAL RETURNS

8. Shareholding Structure:

## AF1007

**Note**: (1) The filing of annual returns is due by the 30<sup>th</sup> of June and no later than 31 July each year. Any late filing of information may be subject to fines not exceeding \$5,000.00 and or revocation.

(2) All information provided to the Business Trade & Investment Board shall be treated as confidential pursuant to the provisions of the Development Investment Act 1995-96.

(3) Incomplete forms will not be accepted.

Section	on A Details of the	foreign investor				
1.	Date:					
2.	Name of primary fore	ign investor:			•••••	
3.	Name of approved bu	siness enterprise:				
4.	Incorporation No:	ncorporation No:				
5.	Foreign enterprise re	eign enterprise registration No:				
6.	Address of Registered Office: PO Box					
7.	Physical location of business:					
	Phone:			x:		
	Email:	•••••	Mobile:		••••	
9.	Name of contact pers					
	Address		Phone/	Fax	•••	
	Email		Mobile		•••	
Section	on B Business Acti	vities				
1.	Approved activity: eg	, Restaurant India	n cuisine, T	ourism accommod	lation superior villas	
					••••	
2.	Total investment of fo	oreign enterprise r	realised to d	date (including set	up cost if applicable):	
	NZ (\$)					
3. Total value of fixed assets of foreign enterprise: NZ (\$)		Z (\$)				
	(*Please attach copy of	of latest financial s	statement- t	rading, p&l and b	alance sheet)	
4.	Level of Investment in	n last 3 years:				
Y(3 ye	ars ago)	Y(2 years ago)		Y(last year)		
NZ\$		NZ\$		NZ\$		
5.	Total amount of mon	ey brought from o	ffshore last	year and credited	l into the foreign	
	enterprise's local ban	ık account: NZ\$				
6.	Total borrowing: (bar	ak and amount)				
	Total value of import					

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Name	Number of Share	Class of Shares	Beneficial Owner of Shares

9. Foreign Worker Employment Details:

Full Name	Start Date	Position	Gender	Permit No
1				
2				
3				
4				

## 10. Local Worker Employment Details:

Full Name	Start	Position	Gender
	Date		
1			
2			
3			
4			

## Section C: Constraints encountered in carrying on business

1.	Please indicate any constraints encountered by the business in dealing with any of the
	following government agencies (tick where applicable)
	a) [ ] Department of Immigration (work permit)
	b) [ ] Office of the Registrar of Companies(registration of company)
	c) [ ] Ministry of finance and revenue management(vat returns)
	d) [ ] National Environment Services(approvals)
	e) [ ] Other (list)
Gener	ral comments
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<b>Declaration</b> –I declare that the information provided is to the best of my knowledge true and correct. I also knowledge that it is an offence to provide false or misleading information.
Name (please print)

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