



**REVENUE MANAGEMENT DIVISION**  
Ministry of Finance and Economic Management

RM1

RMD No:

Importer Code:

**Individual Application for RMD Number**

**Q:1 Children under 16** (Refer to Note:2 & 4 Pg.3)

If you are applying on behalf of a child, you must complete the fields below:

Full Name:

RMD:

Relationship to child:

**Q:2 Applicant information** (Refer to Note:3 & 3a Pg.3)

Name of applicant as shown on identification documents

First Name(s):

Last Name:

Gender:  Male  Female

Title:

Previous First Name(s):

Previous Surname:

*If you have ever used another name e.g. maiden name*

Date of birth:

**Q:3 Address Information**

Physical Address:

Village/Suburb:

Island/City:

Country:

Postal Address:\*

*\*if different to your physical address*

Village/Suburb:

Island/City:

Country:

**Q:4 Contact information**

Phone:

Mobile:

Email:

**Q:5 Financial Institution/Banking Details**

In the case of an overpayment or refund, please provide your banking details for direct deposit

Please select a Bank:

ANZ

BSP

BCI

International

*Please specify.*

*International deposits can only be done via Telegraphic Transfer. Bank Fees will be deducted*

Name on Account:

Account No:

Suffix No:

Branch No:

Swift/BIC Code:

Bank Physical Address:



**Declaration Form**

**Q:6 Please provide the following supporting documents as Identification:** *Refer to Note 5*

Cook Island Driver's License  Birth Certificate  Passport

**Q:7 Consent (Please select 'one' of the options listed).**

For the purpose of this application, I consent to receiving confirmation of my RMD number by:

- Email:
- Postal Address:
- In office pick up

**Acknowledgment of your tax obligations statement.**

Meeting your tax obligation means providing Revenue Management Division with accurate information so we can assess your liabilities or your entitlements under the Acts we administer. Revenue Management Division may charge penalties if you do not.

**Q:8 Statutory Declaration**

I, \_\_\_\_\_ *Print full/legal name here*

declare that the information given on this form, to be true and correct. *(Refer to note 6)*

I authorise Revenue Management Division to contact any agency that issued a document I have used in support of this application, to verify the details of the document for the purpose of this application.

I have read the 'Acknowledgement of your tax obligations statement' above before signing this declaration.

*Signature*

*Date*

⊗ Penalties may be imposed for giving false or misleading information.



**Important Information**

**Notes:**

- 1 You Must tick ALL boxes that apply
- 2 You must provide supporting identification for both the child and yourself.
- 3 If you are completing this application for a child, enter the child's details here.
- 3a If you are completing this application for yourself, enter your details here.
- 4 You must provide linking documentation between yourself and the child. i.e. Birth Certificate, Adoption Certificate
- 5 Individuals must supply two forms of Identification. Refer to Approved Identification list below. Original documentation may need to be sighted by a Revenue Management staff member for verification.
- 6 Incomplete applications will be rejected and returned for completion.
- 7 Please note that you are required to keep records in the Cook Islands for a minimum period of 5 years pursuant to: Section 217 of the Income Tax Act 1997 & Section 129 of the Customs Revenue and Boarder Protection Act 2012.
- 8 Updating contact information - Please ensure that you keep your contact details up to date.

**Approved Identification**

**Category A**

**Category B**

*Photo Identification*

*Supporting Documentation*

New Zealand Passport

Cook Islands Birth Certificate

Foreign Passport

New Zealand Birth Certificate

Cook Islands Drivers License

Foreign Birth Certificate

*⊗ You must provide 1 original document from category A, and one original document from category B with your application.*

*⊗ Original documentation may need to be sighted by a Customs or Revenue Management staff member for verification.*

**Office use only**

Upload documents

Date:

Added to E-tax Profile

Tax Officer Initials:

Related Contact details

Customs Officer Initials:

**Revenue Management Division Contact Details**

Phone: + 682 29365

Fax: + 682 29465

Email: [customs.info@cookislands.gov.ck](mailto:customs.info@cookislands.gov.ck)

Email: [tax.info@cookislands.gov.ck](mailto:tax.info@cookislands.gov.ck)

Website: [www.mfem.gov.ck](http://www.mfem.gov.ck)