

Tobacco Products Wholesaler, Retailer and Suki Vendor Registration Form

The form should be filled out in BLACK or BLUE INK and in BLOCK CAPITALS.

ALL APPLICANTS MUST COMPLETE SECTIONS 1, 2, 3, AND 4.

Please note that incomplete forms will be returned to you.

To assist the application process, please ensure that the information you include in each section is correct and legible.

SECTION 1: APPLICANT DETAILS

Please tick the relevant box to indicate if you are registering as a Wholesaler, retailer of tobacco products or suki vendor. Please give your name and trading name of your business, the address where you conduct your business, mailing address and your date of birth. The following are required;

- 1) Tax Identification Number (T.I.N) Letter from FIRCA
- 2) Company/Business registration
- 3) Photo ID

SECTION 2: PREMISES DETAIL

Enter the details of each premises from which you sell tobacco by retail. For each premise that you are registering.

Specify the type of business. * For Example Convenience store, Duty free shop, Dairy shop, Service station, Motel, Night club, Ship, Registered club, Supermarket, Canteen

SECTION 3: SUPPLIER DETAILS

Specify the name and address of each person who supplies tobacco products to the applicant.

SECTION 4: DECLARATION

These sections must be completed by each applicant. Check that you have signed the form, confirmed the details given are correct.

SCHEDULE 5

(Section 23 (3))

**APPLICATION FORM FOR REGISTRATION OF WHOLESALERS AND RETAILER OF TOBACCO
PRODUCTS OR E-CIGARETTES AND SUKI VENDORS**

Section 1: Application Detail

Reg No: _____

Business Type (Please Tick)

Wholesaler: ☐

Retailer: ☐

Suki Vendor: ☐

Title: Mr. _____ Mrs. _____ Ms. _____ Other _____

Applicant Name: _____ Date of Birth: _____

Trading As: _____

Business contact and Address

Business Address: _____

Phone: _____

Fax: _____

Email: _____

Company Registration Number: _____ T.I.N Number: _____

Division: _____ Town/ City: _____

Mailing Address: _____

How are cigarettes sold? Over the counter Display Rack ☐ No of Display Rack

If purchasing or leasing an existing business

Name of Business purchased: _____

Address: _____

Registration Number of previous owner: _____

Date of Purchase: _____

Section 2 : Premises Detail (Tick appropriate box)

Nature of Business

Convenience Store ☐ Hotel ☐ Duty Free Shop ☐ Registered club ☐ Dairy Shop

Motel ☐ Restaurant ☐ Services Station ☐ Supermarket ☐ Nightclub ☐ Ship

Other (Specify): _____

Section 3: Supplier Details (Enter details of each of your tobacco suppliers)

Supplier Name	Business Address	Local (L)	Import (I) List country

Section 4: Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be entered in the register.

Name: _____

Signed: _____

Applicant's Signature

Date: _____

dd/mm/yy

It is an offence to knowingly or recklessly provide false or misleading information