

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 Title: (Mr, Mrs, Ms etc.)				
Previous First Name(s):					
Previous Surname:	If you have ever used another name e.g. maiden name				
Date of birth:					
Q:3 Address Infor	mation				
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:					
	International Please specify.				
Name on Account:	International deposits can only be done via Telegraphic Transfer. Bank Fees will be deducted	٦			
Account No:	Suffix No: Branch No: Swift/BIC Code:				
Bank Physical Address:					



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Declaration Form					
Q:6 Please provi	de the following supp	orting documents as Identifica	ation: Refer to Note 5		
Cook Island Dr	iver'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:					
\Box In office pick up					
Acknowledg	ment of your tax oblig	ations 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					
١,	Print f	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.					
Sign	ature		Date		

 \otimes Penalties may be imposed for giving false or misleading information.



Notes:

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Important Information

- 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.

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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			
\otimes You must provide 1 original document from category A, and one original document from category B with your application. \otimes 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: <u>customs.info@cookislands.gov.ck</u>	Email: <u>tax.info@cookislands.gov.ck</u>			
Website: <u>www.mfem.gov.ck</u>				