



Government of Tonga

**FORM 1/FOOMU 1
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (TIN) REGISTRATION
FORM/FOOMU KI HE LESISITA FIKA TUKUHAU TAAUTAHA**

Ministry of Revenue & Customs

QSC Ex-Student Center, Railway Road, Nuku'alofa, TONGA

Telephone (676)7400550 Fax (676) 25018

**REVENUE SERVICES ADMINISTRATION ACT 2021/LAO KI HONO PULE'I 'O E NGAHI NGAUE TANAKI
PA'ANGA 2021**

Regulation 3(1)(a)(i)

Tu'utu'uni 3(1)(a)(i)

PLEASE PRINT/KATAKI 'O TOHI FAKAMATALALAH

USE THIS FORM IF YOUR ONLY SOURCE OF INCOME IS FROM EMPLOYMENT AND/OR INTEREST/NGAUE'AKI 'A E FOOMU KO 'ENI
KAPAU KO HO'O MA'U'ANGA PA'ANGA 'OKU MEI HE NGAUE PE TOTONGI TUPU 'ATA'ATAA PE

TAXPAYER DETAILS/NGAAHI FAKAMATALA FEKAU'AKI MO E TOKOTAHA TUKUHAU	
1. Language/ Lea	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FAKATONGA
2. Name /Hingoa	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> OTHER(KEHE) Any other names used/Hingoa kehe 'oku ngaue'aki _____
3. Date of birth/'Aho fa'ele'i	
4. (a) Resident for tax/Totongitukuhau'i Tonga (b) If NO , please attached Tongan Visa	<input type="checkbox"/> Yes/'lo <input type="checkbox"/> No/'Ikai
5. Purpose of applying for TIN/ Taumu'a e fakahu Fika Tukuhaui	<input type="checkbox"/> Employment / Ngaue <input type="checkbox"/> Custom Requirement /Fiema'u 'a e Kasitomu <input type="checkbox"/> Fruit Picking/ Toli Fo'l'akau <input type="checkbox"/> Others/ Me'a makehe _____
6. Employer detail	(a)Name of the Employer : _____ (b) Address: _____ (c) Phone number: _____
7. Telephone/Telefoni Please circle the primary phone number/Kataki 'o faka'ilonga'i 'a e fimatefite	Home/'Api _____ Mobile/Mopaila _____ Work/Ngaue'anga _____
8. Your email address/Ko hoó 'imeili Please provide your most used email/Kataki kae fakaha heni hoó imeili óku ke lahi ngaueáki	
ADDITIONAL DETAILS/NGAAHI FAKAMATALA KEHE	
9. Please attach a copy of your ID /Kataki 'o fakahumaiho'o ID	Type of ID/Kalasi 'o e ID We accept National ID card, Passport, Birth Certificate, Statement from your birth parent(s) or adopted parent(s) or a person who has known you for at least 5 years

DECLARATION

I declare that the information given on this form is true and correct/'Oku oufakahako e fakamatala 'oku 'oatu 'I he foomuni 'okumo'oni mo totonu

Signature/Fakamo'oni _____ Date/'Aho _____