



MINISTRY OF HEALTH AND MEDICAL SERVICES

MANUFACTURER, IMPORTER, DISTRIBUTOR OF TOBACCO PRODUCTS AND SUKI VENDOR LICENCE FORM

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

ALL APPLICANTS MUST COMPLETE SECTIONS 1, 2, 3, 4 AND 5.

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: BUSINESS INFORMATION

Please tick the relevant box to indicate if you are registering as a Manufacturer, Importer, and Distributor of tobacco products or Suki vendor. Also indicate if you are a new applicant or if you require a renewal of your licence. Please provide your registered business name, current business address, contact details including your correspondence address, if your business is part of an International corporation, please provide the name of your parent company including its business address and contact details.

For new applicants, please provide copies of the following documents;

- 1) Tax Identification Number (T.I.N) Letter from FIRCA
- 2) Registration Certificate from the Registrar of Companies
- 3) Suki vendors only– a letter from the Municipal Council indicating that you operate your business from its premises.
- 4) FTIB approval letter

SECTION 2 and 3: FEES / PAYABLE AND RENEWAL ONLY

Completed application forms should accompany a license fee indicated on the Form according to the nature of the business that you are engaged in.

SECTION 4: REQUIREMENTS TO BE SUBMITTED AND UPDATE SCHEDULE OF TOBACCO PRODUCT BRANDS

This portion of the Form only applies to Manufacturers, Importers and Distributors of cigarettes and cigars. Applicants are required to provide the following information;

1. Brand names of Tobacco Products
2. Variants of the same tobacco product brand
3. Pack sizes
4. Indicate if the tobacco products are manufactured locally or imported
5. Quantity of tobacco products sold in the last calendar year

This information could be provided on a separate document and attached to this form.

SECTION 5: CERTIFICATION OF MANUFACTURER, IMPORTER AND DISTRIBUTOR

This section must be completed by each applicant. Please check that you have provided the correct details and disclosed the necessary requirements prior to lodgement.



SCHEDULE 4

(Section 25 and 26)

APPLICATION FOR MANUFACTURER, IMPORTER, DISTRIBUTOR OF TOBACCO PRODUCTS OR E-CIGARETTE AND SUKI VENDOR LICENSE FORM

License No: _____

Section 1: Business Information

New ☐

Renewal ☐

1. Registered Business name: _____
2. Registered Business Address: _____ Town/City: _____
3. Mailing Address: _____
4. Business Type (Please tick all that apply)
Manufacturer and Importer ☐ Importer ☐ Distributor ☐ Suki Vendor ☐
5. Bus Tax Registration Number: _____ 6. Bus Registration Number: _____
7. Business Contact: _____

Authorized Person: _____

Phone: _____

Fax: _____

E-mail: _____

8. Parent Corporation: _____ Address and Contact: _____

Section 2: Fees due & Payable--- (Section 25(1) as per Schedule 3)

- | | | |
|--|--------------------------|--------------|
| 1. Manufacturer and Importer of tobacco products or e-cigarettes | <input type="checkbox"/> | \$222,222.22 |
| 2. Importer of tobacco products or e- cigarettes | <input type="checkbox"/> | \$133,333.33 |
| 3. Suki Vendors | <input type="checkbox"/> | \$177.78 |
| 4. Total Amount due and payable | | \$ _____ |

Section 3: Renewal Only

Manufacturer and Importer ☐ Importer ☐ Distributor ☐ Suki Vendor ☐

Amount Due as payable \$ _____



Section 4: Requirements to submit and update schedule of tobacco products or e- cigarette brand

Please complete and submit with your application the schedule of tobacco products or e- cigarettes family names.

(Not applicable to suki vendor)

FULL PRODUCT NAME	LOCAL	IMPORT	QUANTITY SOLD (Last Calendar Year)

Section 5: Certification for Manufacture, Importer and Distributor and Suki Vendor License

I hereby declare that the particulars furnished in this application are correct and have been examined by me and to the best of my knowledge and belief are true and correct.

Name: _____

Position: _____

Signed: _____

Date: _____

(Applicants Signature)

Company Stamp: _____

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