



NON-RESIDENT FILM TAX REBATE RETURN

Revenue Collection Division

For Fiscal year ended __/__/__

APPLICANT DETAILS

First Name:

Middle Name:

Last Name:

T.I.N.:

Fiji Address:

Overseas Address:

Film Title:

Are you taking over production from another company? Yes No

- If 'Yes', state name of outgoing company below:

Accounting Firm:

Contact Name:

Auditing Firm:

ATTACHMENTS: Auditor's Certificate? Yes No

Final Certificate? Yes No

Expenditure Statement? Yes No

Specific Exclusion Expenditure Statement? Yes No

Attachments Endorsed, e.g. Audit? Yes No

Qualifying Fiji Production Expenditure:	\$	
Total Production Expenditure:	\$	
Rebate Amount:	\$	

OFFICE USE ONLY

DECLARATION

I, declare that the information in this application is true and correct in every detail.

Signature: Date:

IT IS A SERIOUS OFFENCE TO MAKE A FALSE TAX RETURN