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Temporary Studio City Zone

Audio-Visual Operating Licence

NB: Income Tax (Film-making and Audio Visual Incentives) Regulations 2016 now referred to as "Regulations 2016" throughout the Form

[Division 1, Part 4 of the Regulations 2016]

1. Full Business Name		Starting Capital \$FJD
Type of business (✓ one only)		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company
Main Business Activity		
<input type="checkbox"/> Film / TV Production	<input type="checkbox"/> IT Industry	<input type="checkbox"/> Music Production
<input type="checkbox"/> Other Audio Visual Services		
Please state briefly the proposed main activities of your business and attach a business plan:		

2. Full name of applicant (individual/company)	Telephone no.	Fax no.
	Email address:	
Applicant's address:	Tax Identification Number:	
What is the applicant's position in the business?		
Contact officer (if not applicant)	Telephone no.:	Fax no.
	Email address:	

3. Name of subsidiary or partner company if applicable	Telephone no:	Fax no.
	Email address:	
Business address of subsidiary or partner company if applicable		Tax Identification Number:
Postal address (if different)		

Employees:

4. a) Principal Employees

Name / position	Nationality	Country of Residency for last two years (from date of application) if not Fiji	Periods and dates of residency

4. b) Proposed Employees - if applicable

Name / position	Nationality	Country of Residency for last two years (from date of application) if not Fiji	Periods and dates of residency

5. Has any business activity already been established in Fiji?

NO

YES If yes, please outline previous business activity to date and please provide supporting documentation

6. Please indicate the minimum annual turnover expected from first year trading and attach full estimates:

7. a) Is any non-resident person entitled to receive, or has received, any PAYMENT OR PROFIT in connection with this business?

NO

YES - if YES, state

Name	Nationality	Country of Residency for last two years (from date of application) if not Fiji	Periods and dates of residency

7. b) AMOUNT of payment made or to be made and PURPOSE of payment.

\$

Purpose

Attach a copy of any relevant agreement

8. Will ANY BUSINESS ACTIVITY take place outside Fiji?

NO

YES - if YES, complete the following table noting the number of weeks estimated per year spent outside Fiji.

Stage of Activity	Total projected duration in weeks	Weeks outside Fiji	Reason for operating outside Fiji
Research and development			
Sales Trips			
TOTAL			

9. Where the production entity is a COMPANY complete SCHEDULE '1'.

10. Where the production entity is a PARTNERSHIP complete SCHEDULE '2'.

11. Who are, or will be, THE BENEFICIAL OWNER(S) OF THE BUSINESS

Owner(s)	Nationality	Place of residence

12. Temporary Studio City Zone

Describe the area of land (including any buildings situated or erected on that land) in the Fiji Islands which if declared by the Minister under section 47(5) of the Regulations 2016 as a temporary studio city zone will be used by the applicant as an audio visual facility:

Description of Land	Owner Details	Describe all Buildings on Land and how they are to be used

13. Describe the applicant's right to occupy the land and the applicant's permissions to use the land and buildings thereon as an audio visual facility. Please attach or refer to any details of any relevant agreement affecting the use of the land described in Q12 (lease, sub-lease, caveat, easement, any relevant issue under the Town Planning Act, landlord's and/or council's permission to use as audio visual facility).

ATTACHMENTS CHECKLIST

√ if attached

ESSENTIAL

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Business Plan (refer Q1) |
| <input type="checkbox"/> | Evidence of Previous Business Activity in Fiji (refer Q5) |
| <input type="checkbox"/> | Estimates of Annual Turnover (refer Q6) |
| <input type="checkbox"/> | Agreements affecting the land which will form the Temporary Studio City Zone (refer Q13) |
| <input type="checkbox"/> | \$.1000 plus VAT - Application Fee Enclosed |

POSSIBLE

Applicants should attach ANY FURTHER INFORMATION that could be regarded as relevant to the Minister when determining if the business is eligible for a Temporary Studio City Zone Operating Licence.

APPLICANT'S SIGNATURE

I hereby apply to:	
1.	The Minister for: the land described in answer to Question 12 to be declared by the Minister to be a Temporary Studio City Zone under section 47(5) of the Regulations 2016.
2.	Film Fiji for an Audio-Visual Operating Licence for the purposes of operating in the described Temporary Studio City Zone if so declared by the Minister.
Applicant's signature	Date

Please mail to:-
Film Fiji
Ground Floor, Civic House,
Victoria Parade,
SUVA GPO Box 18080 FIJI

Telephone (679) 330 6662
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Email info@film-fiji.com.fj
Web www.film-fiji.com

SCHEDULE 1—THE PRODUCTION ENTITY, IF A COMPANY OR PROPOSED COMPANY (refers Q9)

NOTE: If the beneficial owner of the Business Entity is a Public Company, only non-Fijian beneficial ownership need be specified.

Beneficial owners of shares in the company	Nationality	Place(s) of residence for last two years (from date of application) if not Fiji	% beneficial interest in the company (specify voting power of any non-Fijian interest)

SCHEDULE 2 - THE PRODUCTION ENTITY IS A PARTNERSHIP (refers Q10)

Name of partners	Nationality	Place(s) of residence for last two years (from date of application) if not Fiji	Number of shares/units in partnership and % profit to which entitled