



SOKEHS MUNICIPAL GOVERNMENT

Sokehs Municipality
STATE OF POHNPEI

FEDERATED STATES OF MICRONESIA 96941

Office of the Treasury

P.O. Box 2247
Tel: 691-320-3616
E-mail:sokehgovt@gmail.com

Business Registration Form

Instructions: It is required that we maintain full knowledge of all businesses who are legally operating in the Boundaries of Sokehs. The information provide herein will be used to keep us informed of your business operation. Kindly fill all blanks and sign this sheet. The information will be used to upgrade your Business Information in our records.

1. Full Name: _____

2. Business Name: _____ 3. License/SSID#/TIN _____

3. Business Address: _____ Phone# _____ email address _____

4. Business Type: Corporation Cooperative Partnership Sole Proprietorship

5. Business Activity (specify if merchandising, professional service, construction, etc): _____

6. Business operates at (mark all locations that apply): Sec.1 Sec.2 Sec.3 Sec.4

7. Business Ownership (enter percentage): _____ Local _____ Foreign

8. Business Size (enter estimated value of your business): _____

9. Number of employees: _____ Local _____ Expatriates

10. Date Business Established: _____ Name used (if different now) _____

11. Banking information (enter names of Banks and Addresses)

Bank Name/Address _____

Bank Name/Address _____

Applicant's Signature _____ Date _____

Department of Treasury Official Section

_____ Date of Registration/Review

_____ CTA Official

Not Recommend

Recommend