



MINISTRY OF FINANCE AND ECONOMIC MANAGEMENT
Revenue Management

Payment Instalment Arrangement Application Form

To be eligible to apply, all tax returns must be filed up-to-date with Revenue Management

Date of application:

RMD number:

RMD name:

Contact name:

Contact number/s:

Email Address:

Are you already on a payment arrangement? Y N

Please confirm your tax debt information here, if you are not sure please email Revenue Management to confirm your balance:

Core Tax:

Additional Tax:

Total Owing:

Payment Arrangement Proposal:

Initial deposit: \$

Instalment amount: \$

(Please tick appropriate box)

Weekly

Fortnightly

Monthly

First payment date:



IMPORTANT NOTE: If your application relates to the current COVID-19 pandemic please be advised that your payment arrangement will be for **6 months**. Revenue Management will contact you after this time to review your current financial situation and assess whether you are able to extend the current arrangement. If an extension is warranted Revenue Management will request supporting documents such as bank statements and a statement of your financial position.

By signing this payment arrangement you agree to the following terms and conditions:

- Any future tax return resulting in a credit will be transferred to the existing debt.
- You are to advise Revenue Management if your financial situation changes and you are able to increase your payments or pay the full amount.
- You are to advise Revenue Management if you are unable to meet your instalments before the due date of your agreed payment arrangement.
- You must meet all ongoing tax obligations and responsibilities which is to file all future returns.

I wish to enter into a payment arrangement to pay the total tax debt of _____ as per the above payment arrangement proposal on page 1 of this application.

I confirm that I have read and understand the terms of this application and agree to make the payment(s) on terms acceptable to the Collector. I acknowledge that I am obligated to comply with the terms under this arrangement and that I must submit all future tax returns, and pay all future tax obligations by their due dates. I acknowledge that a breach of any of the terms and/or conditions may result in the cancellation of this arrangement, the reinstatement of all additional taxes as well as Revenue Management proceeding with collection activities to recover your debt and outstanding tax returns as required by law.

Applicant's Signature

Date



Banking Information

Revenue Management Division Tax Payment:

- Log into your chosen Bank/Financial Institution.
- Follow the instructions for making a payment.
- Enter the detail listed below that correspond with your Bank/Financial Institution.
- Check & Finalise your transaction
- Keep a copy of your payment receipt for verification.



Funds Transfer

Account Name: Public Account
Account Number: 117 281
Payment Reference: RMD/Tax Type/MMYY
Reference example: 12345VAT0118

Account Name: Public Account
Account Number: 7335 S7
Payment Reference: RMD/Tax Type/MMYY
Reference example: 12345VAT0118

Account Name: Public Account
Account Number: 0127 107 401
Payment Reference: RMD/Tax Type/MMYY
Reference example: 12345VAT0118

Bill PAY



Select Biller: Revenue Management—VAT
Note: 'Select Biller' is by tax type
Reference: RMD/Tax Type/MMYY



Select Biller: Not Available
Biller Code: Not Available
Reference: Not Available



Select Biller: Revenue Management
Biller Code: 000011892
Reference: RMD/Tax Type/MMYY

International Transfer

Swift Code: ANZBCKCR
Branch Number: 010975
Bank Address: Avarua, Rarotonga, Cook Islands
Reference: RMD/INST/MMYY

Swift Code: BCKICKCR
Branch Number: 051501
Bank Address: Avarua, Rarotonga, Cook Islands
Reference: RMD/INST/MMYY

Swift Code: BOSPCKCR
Branch Number: 039038
Bank Address: Avarua, Rarotonga, Cook Islands
Reference: RMD/INST/MMYY

Website: www.mfem.gov.ck/tax

e-Tax: tax.cookislands.gov.ck

Phone: 29365 (Raro) 31187 (Ait)

PO BOX 120, Rarotonga

If you require assistance or if you have any questions regarding this application please see our contact information below:

Phone number: 29 365 dial 3 for the Debt & Returns Collection Team

Email address: tax.info@cookislands.gov.ck

Website: www.mfem.gov.ck/tax