



FIJI COMMERCE COMMISSION

"To promote competition in Fiji Markets"

Batch No:

RESIDENTIAL RENTAL PROPERTY REGISTRATION FORM

- 1. Name of Landlord _____ TIN NO: _____
- 2. Mailing Address _____
- 3. Telephone No _____ Mobile: _____
- 4. Residential Address: _____
- 5. E-mail Address _____
- 6. Do you have letting agreement with the tenants: YES[] NO[] [please attach copy]

7. Occupant Information

Name & Address of Lessee	Flat No:	# of Occupants	Monthly Rent	Other Charges	# Bedrooms	Facilities

Kindly include all tenants in the premises including self- occupied and unoccupied spaces

PROPERTY DETAILS

- 8. Description of Property: _____
- 9. Legal description of the property i.e. CT / NL / CL / HA lease No. _____
 Lot _____ Section _____ DP _____
 Area _____ Number of Flats: _____
 (Please provide certified true copy of the stamped title/lease)
- 10. Location of the property _____
- 11. Acquisition Detail: the building built [] or purchased [] cost: \$ _____ year _____

12. If purchased indicate previous owner and address (*attach copy of stamped transfer document or sale & purchased agreement*) _____
13. Total cost of the land and the year when purchased _____
14. Total area in square footage of the whole premises (attach floor plan) _____
15. Are the following services included in the Rent _____
 Electricity: [_____] water supply: [_____] Cleaning Services: [_____]
 Air-condition services: [_____] Security Services: [_____] **others** (please specify):

16. Details of furniture (list of items on separate sheet) and costs – If supplied – Currently \$ _____

AGENT DESIGNATION/CERTIFICATION (IF APPLICABLE)

17. Rental Property Address: _____ Block: _____ Lot: _____

Part I - To be completed by the owner of record

Owner Name: _____

Address: _____

Phone Number: _____

I hereby certify that I am the owner, of the above referenced real property located in -----, and which is utilized in whole or in part for residential rental purposes. I further certify that I have legally designated an agent who resides in Fiji and that such agent is authorized to accept service of process on my behalf.

 Signature of Owner

 Date

Part II – To be completed by the owner of record

Designation of Agent

Agent Name: _____ Agent No: (If firm): _____

Company (if any): _____ Name of Principle _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Part III - To be completed by the Agent

Acceptance of Designation as Agent

I certify that I have accepted the designation as agent for the owner of record of the above referenced residential rental property, and that I have agreed to act on their behalf as may be required by law.

_____	_____
Agents Name	Agent Number
_____	_____
Signature of Agent	Date

18. Any other information which may be useful to the Commission [such as cleaning of common area, car parking facilities, toilet and shower (shared and sole use), etc.

NOTE: PROVIDE DOCUMENTARY EVIDENCE FOR NOS. 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, and 18

I hereby certify that the information supplied herein are correct.

(It is an offence under Section 119(4) of the Commerce Commission Decree 2010 to furnish misleading, false or deceptive information).

SIGNATURE: _____

NAME: _____

DATE: _____

Within 10 days of any change in this information, the owner of the residential property is required to update this information with the Fiji Commerce Commission Office.

Completed Registration to be sent to:

The Chairman/Chief Executive Officer
Fiji Commerce Commission
P.O.Box 5031,
Raiwaqa.

For Enquires: helpdesk@commcomm.gov.fj

OFFICE USE ONLY

Batch No: _____

Date Received: _____ Received by: Name: _____ Signature: _____

via Regular Mail Certified Mail Hand Delivered