



FIJI COMPETITION AND CONSUMER COMMISSION

"To promote Competition in the Fijian Markets"

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 _____

If purchased indicate previous owner and address (*attach copy of stamped transfer document or sale & purchased agreement*) _____

12. Total cost of the land and the year when purchased _____

13. Total area in square footage of the whole premises (attach floor plan) _____

14. Are the following services included in the Rent _____

Electricity: [_____] water supply: [_____] Cleaning Services: [_____]

Air-condition services: [_____] Security Services: [_____] **others** (please specify):

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

AGENT DESIGNATION/CERTIFICATION (IF APPLICABLE)

16. 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

17. 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 Fijian Competition and Consumer Commission (FCCC) [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 Fijian Competition and Consumer Commission Act 2010 (FCCC Act 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 FCCC office.

Completed Registration to be sent to:

The Chairman/Chief Executive Officer
Fijian Competition and Consumer Commission
P.O.Box 5031,
Raiwaqa.

For Enquires: helpdesk@fccc.gov.fj

OFFICE USE ONLY

Batch No:

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

via Regular Mail Certified Mail Hand Delivered