

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

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

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)

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13.	3. Total cost of the land and the year when purchased				
14.	4. 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:					
	Electricity: [] wat	ter supply: [] Clea	aning Services: []		
	Air-condition services: [] Security Services:	[] others (please specify):		
16.	Details of furniture (list of iter	ms on separate sheet) and co	osts – If supplied – Currently \$		
AGENT	DESIGNATION/CERTIFICAT	ΓΙΟΝ (IF APPLICABLE)			
17.	Rental Property Address:		Block: Lot:		
		e 1			
Part I ·	- To be completed by the o	owner of record			
Owner N	lame:				
Address:					
Phone Nu	umber:				
in whole		rposes. I further certify that I h	ty located in, and which is utilized have legally designated an agent who resides in Fiji lf.		
	Signature of Owner		Date		
Part II –	- To be completed by the owner o	of record			
		Designation of	f Agent		
Agent Na	ame:	Agent No: (If firm):	:		
Company	y (if any):	Name o	of Principle		
	Address:				
Phone Nu	umber:				
Email Ac	ddress:				

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

Signature of Agent

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

Agent Number

Date

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 to furnish misleading, false or deceptive information).

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 Fijian Competition and Consumer Commission Office, 42 Gorrie Street, Suva; or 5 Tukani Street, Lautoka; and Silas Ramzan Street, Labasa.

Completed Registration to be sent to:

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

For Enquires: helpdesk@fccc.gov.fj