



Foreign Investment Act 2005

Foreign Investment Regulations 2005 (Section 7, regulation 5)

FORM 1

Annual survey for the financial year

Name of investor / investors representative

Certificate number(s)

Contact address

Tel

Fax

Email

Conduct of investment activities

Investment activity	Investment activity	Investment activity	Investment activity
Code: <input type="text"/>	Code: <input type="text"/>	Code: <input type="text"/>	Code: <input type="text"/>
Commenced: <input type="checkbox"/>	Commenced: <input type="checkbox"/>	Commenced: <input type="checkbox"/>	Commenced: <input type="checkbox"/>
Ceased: <input type="checkbox"/>	Ceased: <input type="checkbox"/>	Ceased: <input type="checkbox"/>	Ceased: <input type="checkbox"/>

Future plans for reinvestment in Solomon Islands

Current plans	Amount	Year	Please specify reason
Reinvestment			
Diversifying			
Winding down			
Divestment			

Business operation under investment activity code

Business name Type of business organization Limited company Sole proprietor Partnership Other (specify) Province

Register number

Investment capital and dept in SI \$ (capital sourced should include dept)

Capital sourced within SI	Capital sourced outside SI	Land and buildings	Other fixed assets	Dept sourced within SI	Dept sourced outside SI

Earnings in SI \$

Full time employment

Total sale SI \$	Export SI \$	Total number non-citizens	Total number citizens	Total wages non-citizens	Total wages citizens



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Continuation of the Annual Survey, financial year

Name of investor / investors representative

Business operation under investment activity code

Business name <input type="text"/>	Type of business organization <input type="checkbox"/> Limited company <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) <input type="text"/>	Province/location <input type="text"/>
Register number <input type="text"/>		

Investment capital and dept in SI \$ (capital sourced should include dept)

Capital sourced within SI	Capital sourced outside SI	Land and buildings	Other fixed assets	Dept sourced within SI	Dept sourced outside SI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Earnings in SI \$		Full time employment			
Total sale SI \$	Export SI \$	Total number non-citizens	Total number citizens	Total wages non-citizens	Total wages citizens
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business name <input type="text"/>	Type of business organization <input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) <input type="text"/>	Province/location <input type="text"/>
Register number <input type="text"/>		

Investment capital and dept in SI \$ (capital sourced should include dept)

Capital sourced within SI	Capital sourced outside SI	Land and buildings	Other fixed assets	Dept sourced within SI	Dept sourced outside SI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Earnings in SI \$		Full time employment			
Total sale SI \$	Export SI \$	Total number non-citizens	Total number citizens	Total wages non-citizens	Total wages citizens
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(if there is too little space, add more of these forms)



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Continuation of the Annual Survey, financial year

Name of investor / investors representative

Customer satisfaction

Please list the services you received from the Investment Division during the financial year

Please rate the services received from the Division by ticking off in a box below

Excellent

Average

Good

Below average

Suggestions for improvement

The Division aims to be a customer oriented institution and appreciates any suggestion for improvements

Control

To ensure that we have received all your information, please complete the questions below

How many investment activities have you reported?

How many legal entities (business names) have you reported?

How many pages of the annual survey form did you submit all together?

Signature

Place

Date

Signature