

A3 Identification of business	
Name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) c/o	Postal or zip code
Operating / Trade name	
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French	
Are you a third party requesting the registration? <input type="checkbox"/> Yes (If yes , enter your name and company name below.) <input type="checkbox"/> No Your name: _____ Company name: _____	
A4 Major business activity	
Clearly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective. Example: Construction – Installing residential hardwood flooring. _____ _____ Specify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each represent. _____ % _____ % _____ %	
A5 GST/HST information – For more information, see Pamphlet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> .	
Do you provide or plan to provide goods or services in Canada or to export outside Canada? If no , you generally cannot register for GST/HST. However, certain businesses may be able to register. For details, see Pamphlet RC2. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000? If yes , you have to register for GST/HST. Note: Special rules apply to charities and public institutions. For details, see Pamphlet RC2. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000? If yes , you have to register for GST/HST. Note: Special rules apply to charities and public institutions. See Pamphlet RC2 for details. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all the goods/services you sell/provide exempt from GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you operate a taxi or limousine service? If yes , you have to register for GST/HST regardless of your revenue. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an individual whose sole activity subject to GST/HST is from commercial rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a non-resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a non-resident who charges admission directly to audiences at activities or events in Canada? If yes , you have to register for GST/HST, regardless of your revenue. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want to register voluntarily? By registering voluntarily, you must begin to charge GST/HST and file returns even if your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). For details, see Pamphlet RC2. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part C – Payroll account information – Complete parts C1 and C2 if you need a payroll account.

C1 Payroll account identification – If the information is the same as in Part A3, tick the box.

Account name

Physical business location

Postal or zip code

Mailing address (if different from the physical business location)
c/o

Postal or zip code

Language of preference English French

C2 General information

a) What type of payment are you making?

- Payroll Registered retirement savings plan
 Registered retirement income fund Other (specify) _____

b) How often will you pay your employees or payees? Please tick the pay period(s) that apply.

- Daily Weekly Bi-weekly Semi-monthly
 Monthly Annually Other (specify) _____

c) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? _____

d) When will you make the first payment to your employees or payees?

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Year Month Day

e) Duration of business: Year-round Seasonal

If seasonal, tick month(s) of operation:

J	F	M	A	M	J	J	A	S	O	N	D

f) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation? Yes No

If **yes**, enter country: _____

g) Are you a franchisee? Yes No

If **yes**, enter the name and country of the franchisor: _____

Part D – Import/export account information – If you need an import/export account for commercial purposes (you do not need to register for an import/export account for personal importation), complete D1 and D2. Complete a separate form for each branch or division of your corporation that needs an import/export account for commercial purposes.

D1 Import/export account identification – If the information is the same as in Part A3, tick the box.

Account name

Physical business location

Postal or zip code

Mailing address (if different from the physical business location)
c/o

Postal or zip code

Language of preference English French

Do you want us to send you import/export account information? Yes No

D2 Import/export information

Type of account: Importer Exporter Both importer/exporter Meeting, convention, and incentive travel

If you are applying for an exporter account, you **must** enter all of the following requested information.

Enter the type of goods you are or will be exporting:

Enter the estimated annual value of goods you are or will be exporting. \$ _____

Part E – Corporation income tax account information – If you need a corporation income tax account, complete Part E1. If you have not provided your certificate of incorporation or amalgamation you have to complete Parts E2 and E3.

E1 Corporation income tax account identification – If the information is the same as in Part A3, tick the box.

Name (as listed on your certificate of incorporation)

Physical business location

Postal or zip code

Mailing address (if different from the physical business location)
c/o

Postal or zip code

Language of preference English French

E2 Complete this part if you have not provided a copy of your Canadian certificate of incorporation or amalgamation.

Certificate Number _____

Date of Incorporation _____

Date of Amalgamation _____

E3 Indicate the jurisdiction of your business.

Federal

Provincial _____ (province)

Foreign _____ (country/state)

Part F – Certification

All businesses have to complete and sign this part. You are authorized to sign this form if you are an individual, a partner, an officer of your business or a corporation director. If the direct deposit information is entered, an authorized representative **may not** sign this form.

The person signing this form is the: Owner Partner Corporation director Officer Authorized representative

I certify that the information given on this form is, to the best of my knowledge, true and complete.

First and last names (print)

Title

Signature

Year Month Day

Note: After you register your new business number or CRA program account (e.g. GST/HST) we may contact you to confirm the information you provided. At that time we may ask you to provide more information. Having complete and valid information on file for your business allows us to serve you better.