

BUSINESS NUMBER (BN) – IMPORT/EXPORT ACCOUNT INFORMATION

Complete this form if you have a business number (BN) and you need an import/export account for commercial purposes (you do not need to register for an import/export account for personal importations). Complete a separate form for each branch or division of your corporation that requires an import/export account for commercial purposes. For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*. Please send this form to your nearest tax centre. To locate the address or if you have questions, go to www.cra-arc.gc.ca/cntct/prv/txcntr-eng.html or call 1-800-959-5525.

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| 1 Identification of business (for a corporation, enter the name and address of the head office) | | | | | | | | | | | |
| Name | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> </tr> </table> | | | | | | | | | Language of preference <input type="checkbox"/> English <input type="checkbox"/> French | |
| | | | | | | | | | | | |
| Operating/trading or partnership name (if different from name above). If you have more than one business or if your business operates under more than one name, enter the names here. If you need more space, include the information on a separate piece of paper. | | | | | | | | | | | |
| If you want to use a separate name for your import/export account, enter that name here. | | | | | | | | | | | |
| Physical business location | | | Postal or zip code | | | | | | | | |
| Mailing address (if different from physical business location) for import/export purposes c/o | | | Postal or zip code | | | | | | | | |
| Contact person – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to speak on your behalf about your Business Number (BN) account(s), complete Form RC59, <i>Business Consent form</i> . For more information, see Pamphlet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> . | | | | | | | | | | | |
| Title | First name | Last name | | | | | | | | | |
| | Work telephone number - - | Work fax number - - | | | | | | | | | |
| | Cellular telephone number - - | Pager number - - | | | | | | | | | |
| 2 Import/export information | | | | | | | | | | | |
| Type of account: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Both <input type="checkbox"/> Meeting, convention, and incentive travel | | | | | | | | | | | |
| If you are applying for an exporter account, you must provide all of the following 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. \$ _____ | | | | | | | | | | | |
| 3 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. | | | | | | | | | | | |
| _____ | | | % | | | | | | | | |
| _____ | | | % | | | | | | | | |
| _____ | | | % | | | | | | | | |
| 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. | | | | | | | | | | | |
| The person signing this form is the: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporation director <input type="checkbox"/> Officer <input type="checkbox"/> 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) | Signature | Telephone number | Title | | | | | | | | |
| | | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> <td style="width:12.5%; border: 1px solid black;"> </td> </tr> </table> | | | | | | | | |
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| | | | Year Month Day | | | | | | | | |