



Employer's Account Registration

Legal Name or Owner(s) name:

Trade Name: (if applicable)

Mailing Address:
Street or P.O. Box City or town Province or Territory Postal Code

Phone number Fax number Email Contact Person

If your company is incorporated, please list the registered directors: (attach list if required)

Directors:

If you are a sole proprietor or partnership, please list the owners:

Name(s)	Social Insurance Number	Date of Birth
		YY MM DD
		YY MM DD
		YY MM DD
		YY MM DD

***You must submit a copy of your certificate of incorporation with this application.**

Have you been previously registered with our Board? Yes No

If yes, Account Number: Company Name:

Do you currently have other companies registered with our Board? Yes No

If yes, company name(s):

Bank Information		Credit References	
Account #	Branch #	Name	Tel.:

Please describe in detail your business activities in the Northwest Territories and/or Nunavut
