Canada Customs and Revenue Agency   Agence des douanes et du revenu du Canada

APPLICATION FOR CERTIFICATE OF EXEMPTION

- To be completed on behalf of a trust, corporation or organization meeting the requirements of subsection 212(14) of the Income Tax Act and receiving interest from bonds, debentures or similar obligations.

- One completed copy is to be forwarded to the Canada Customs and Revenue Agency, Ottawa ON K1A 0L5, Attention: International Tax Directorate.

Name of Applicant Trust, Corporation or Organization (Print)	Telephone
Address	
Mailing address (if different from above)	

I, ……………………………………………… of the city of …………………………………………………………………
(Authorized Officer – Please Print)

in the …………………………… of ……………………………………… hereby apply on behalf of the applicant for a Certificate of
(State, County, etc.)   (Country)

Exemption and declare:

1. THAT the applicant is established, incorporated or organized under the laws of …………………………………………

   ……… ;

   And is resident in the country of …………………………………………………………………………………………

2. THAT an income tax is imposed under the laws of the country of which the applicant is resident, and that the applicant is exempt from such income tax;

3. THAT the applicant:

   ☐ (a) is or would be, if it were resident in Canada, exempt from tax under section 149 of the Income Tax Act,

   ☐ (b) is a trust or corporation that is operated exclusively to administer or provide superannuation, pension, retirement or employee benefits, or

   ☐ (c) is a trust, corporation or other organization constituted and operated exclusively for charitable purposes, no part of the income of which is payable to, or is otherwise payable for, the personal benefit of any proprietor, member, shareholder, trustee or settlor thereof;

4. THAT in further proof of these statements I attach a certified copy or photocopy of:

   (a) the instrument under which the applicant was established, incorporated or organized, and

   (b) a certificate, letter or other proof of exemption from tax issued by the country of residence;

5. THAT the information given in this application and in any documents attached is true, correct and complete in every respect.

Date	Signature of Authorized Officer	Position or Title

NR6A (01)

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(Français au verso)

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