



Ministry of Finance
 PO Box 627
 33 King Street West
 Oshawa ON L1H 8H5

Complete **ALL** applicable sections,
 print clearly and mail to the Ministry.

Change of Address

Effective Date of Change

| | | |
|------|-------|-----|
| year | month | day |
| | | |

Name

| | |
|--------------------------------|----------------------|
| | |
| <i>Care of (if applicable)</i> | Federal Business No. |

Ministry Account(s) *(as applicable)*

| |
|-----------------------------|
| Corporations Tax No. |
| Employer Health Tax No. |
| RST Vendor Permit No. |
| MFTT Reference No. |
| IFTA Registration No. ON |
| Provincial Land Tax No. |
| Other <i>(specify)</i> |

New Address

| | | |
|--|------------|-----------------|
| Unit No. | Street No. | Street Name |
| Town/City | | Province/State |
| | | Country |
| | | Postal/Zip Code |
| Telephone No. <i>(include Area Code)</i> | | Extension |
| | | Fax No. |

New Mailing Address: *if same as above* or ▼

| | | |
|---|------------|------------------------------|
| Unit No. | Street No. | Street Name |
| Town/City | | Province/State |
| | | Country |
| | | Postal/Zip Code |
| Name of Authorized Person <i>(please print)</i> | | Title <i>(if applicable)</i> |
| | | Signature |