



REQUEST FOR A BUSINESS NUMBER (BN)

Complete this form to apply for a Business Number (BN). If you are a sole proprietor with more than one business, your BN will apply to all your businesses. **All businesses have to complete parts A and F.** For more information, see our pamphlet called *The Business Number and Your Canada Revenue Agency Accounts (RC2)*. If you have questions, including where to send this form, call us at 1-800-959-5525.

Note: If your business is in the province of Quebec and you wish to register for GST/HST, do not use this form. Contact Revenu Québec. However, if you wish to register for any of the other three accounts listed below, complete the appropriate parts indicated in the following instructions.

- To open a GST/HST account, complete parts A, B, and F
- To open a payroll deductions account, complete parts A, C, and F.
- To open an import/export account, complete parts A, D and F.
- To open a corporate income tax account, complete parts A, E and F.

Part A – General information

A1 Identification of business (For a corporation, enter the name and address of the head office.)

Name	Operating, trading, or partnership name (if different from the name on the left). If you have more than one business, or if your business operates under more than one name, enter the name(s) here. If you need more space, include the information on a separate piece of paper.
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Business address (This must be a physical address, not a post office box.)	Postal or zip code
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Mailing address (if different from business address)	Postal or zip code
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Contact person – Complete this area to identify an employee of your business as your contact person in all matters pertaining to your BN accounts. To identify a person for specific accounts, complete the "Contact Person" lines in Area B1, C1, D1, or E1. To authorize a representative who is not an employee of your business, complete Form RC59, *Business Consent Form*. See our pamphlet for more information.

First name	Last name	Title	Telephone number	Fax number
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A2 Client ownership type	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
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Individual If so, are you a sole proprietor? Yes No Are you an employer of a domestic? Yes No

Partnership

Other Are you incorporated? Yes No (All corporations have to provide a copy of the certificate of incorporation or amalgamation.)

Complete this part to provide information for the individual owner, partner(s), corporate director(s), or officer(s) of the business. If you need more space, include the information on a separate piece of paper. The Social Insurance Number is mandatory for individuals (sole proprietors) applying to register for a GST/HST account (Social Insurance Number Disclosure Regulations, Excise Tax Act).

First name	Last name	Work telephone number	Work fax number
Title		Social insurance number	Home telephone number
Home fax number			
First name	Last name	Work telephone number	Work fax number
Title		Social insurance number	Home telephone number
Home fax number			

A3 Type of operation Check the box below that best describes your type of operation.

- | | | | | | |
|----------------------------------|-----------------------------------|--------------------------------------|--|--|---|
| <input type="checkbox"/> Charity | <input type="checkbox"/> Union | <input type="checkbox"/> Association | <input type="checkbox"/> Financial institution | <input type="checkbox"/> University/school | <input type="checkbox"/> Municipal government |
| <input type="checkbox"/> Society | <input type="checkbox"/> Hospital | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Religious body | <input type="checkbox"/> Trust | <input type="checkbox"/> None of the above |

A4 Major commercial activity

Clearly describe your major business activity. Give as much detail as possible in the space provided.

Specify up to three main products that you mine, manufacture, or sell, or services you provide or contract. Also, estimate the percentage of revenue that each product or service represents.

	%
	%
	%

Part C - Payroll deductions account information

Complete C1 and C2 if you need a BN payroll deductions account.

C1 Payroll deductions account
Check the box if the information is the same as in Part A1.

Account name _____

Address _____
Postal or zip code _____

Mailing address for payroll deductions
c/o _____
Address _____
Postal or zip code _____

Contact person – Complete this area to identify an employee of your business as your contact person in all matters pertaining to your payroll deductions accounts. To authorize a representative who is not an employee of your business, complete Form RC59, *Business Consent Form*. See our pamphlet for more information.

First name _____ Last name _____ Language of correspondence
 English French

Title _____ Telephone number _____ Fax number _____

Do you want us to send you the New Employers Kit, which includes *Payroll Deductions Tables* and information? Yes No

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 check the pay period(s) that apply.
 Daily Weekly Bi-weekly Semi-monthly
 Monthly Annually Other (specify) _____

c) Will you design your own computer program for payroll purposes? Yes No If yes, do you need our payroll formulas? Yes No

d) Do you want to receive the *Payroll Deductions Tables*? Yes No
If yes, select one of the following: Paper Diskette Compact disc (CD)

e) Do you use a payroll service? Yes No If yes, which one? (enter name) _____

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

g) When will you make the first payment to your employees or payees?
_____ Year _____ Month _____ Day

h) Duration of business operation Year round Seasonal
If seasonal, please check month(s) of operation.

J	F	M	A	M	J	J	A	S	O	N	D
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i) If the business is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation? Yes No If yes, enter country: _____

j) Are you a franchisee? Yes No If yes, enter the name and country of the franchisor: _____

Part D - Import/export account information

Complete D1 and D2 if you need a BN 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.

D1 Import/export account identification – Check the box if the information is the same as in Part A1.

Import/export account name

Address

Postal or zip code

c/o

Mailing address (if different from above)

Address

Postal or zip code

Contact person – Complete this area to identify an employee of your business as your contact person in all matters pertaining to your import/export accounts. To authorize a representative who is not an employee of your business, complete Form RC59, *Business Consent Form*. See our pamphlet for more information.

First name

Last name

Language of correspondence

English

French

Title

Telephone number

Fax number

Do you want us to send you import/export account information? Yes No **D2 Import/export information**Type of account: Importer Exporter Both Meeting, convention, and incentive travel (MCIT)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. \$ _____

Part E – Corporate income tax account information – Complete E1 if you need a BN corporate income tax account.**E1 Corporate income tax account identification** – Check the box if the information is the same as in Part A1.

c/o

Mailing address for corporate tax purposes

Address

Postal or zip code

Contact person – Complete this area to identify an employee of your business as your contact person in all matters pertaining to your corporate tax accounts. To authorize a representative who is not an employee of your business, complete form RC59, *Business Consent Form*. See our pamphlet for more information.

First name

Last name

Language of correspondence

English

French

Title

Telephone number

Fax number

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, a corporate director, or an officer of your business. You are also authorized to sign this form if, the CRA has on file a Form RC59, *Business Consent Form*, authorizing you as the company's representative.Name of one owner partner corporate director or officer_____
First and last name (print)

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

Authorized Third-Party Representative

Name (print)_____
Signature_____
Title_____
Year_____
Month_____
Day