Agence	du	reven
du Cana	che	

REQUEST FOR A BUSINESS NUMBER (BN)

		FOR	OF	ICE	USE		
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.** Once completed, please send this form to your local Tax Centre. The Tax Centres are listed at **www.cra.gc.ca/taxcentre** or in Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*. If you need more information, visit **www.cra.gc.ca/bn** or call us at **1-800-959-5525**.

Note: If your business is in the province of Quebec and you want to register for the goods and services tax/harmonized sales tax (GST/HST), do not use this form. Contact Revenu Québec. However, if you want to register for any of the other three accounts listed below, complete the appropriate part indicated in the following instructions.

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

To open a corporation income tax account, complete parts A, E, and F.					
Part A – General information					
A1 Ownership type and Operation type					
☐ Individual ☐ Partnership ☐ Trust	Corporation Other (specify:)			
	(All Canadian corporations have to provide a copy amalgamation or complete the information reques				
	of operation (if none apply, leave this section blank):	a.t <u></u> ,			
☐ Sole proprietor ☐	Federal government (publicly funded)	☐ Other government body			
☐ Society ☐	Federal government (not publicly funded)	☐ Strata condo corporation			
☐ Employer of a domestic ☐	Provincial government	☐ Association			
☐ Foster parent ☐	Municipal government	☐ University/school			
☐ Religious body ☐	Financial institution	☐ Union			
☐ Hospital ☐	Employer-sponsored plan	☐ Diplomat			
business. If you need more space, include the	part to provide information for the individual owner, per information on a separate piece of paper. The social ST/HST account (Social Insurance Number Disclosure	insurance number (SIN) is mandatory for individuals			
Social insurance number (SIN)	First name	Last name			
Title	Work phone number	Work fax number			
Occupation	Home phone number	Home fax number			
·	Treme phone manuscr	The fax flamber			
	Cellular phone number	Pager number			
	Centical priorie number	ager number			
Social insurance number (SIN)	First name	Last name			
Title	Work phone number	Work fax number			
Occupation	Home phone number	Home fax number			
	Cellular phone number	Pager number			
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 BN program 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 phone number	Work fax number			
	Celllular phone number — — —	Pager number – –			



А3	Identification of business			
Nan				
ivail				
Phy	sical business location	Postal or zi	p cod	е
	ing address (if different from the physical business location)	Postal or zi	p cod	е
c/o				
Ope	rating / Trading name			
Lan	guage of preference English French			
Are	you a third party requesting the registration? \square Yes (If yes, enter your name and company name below.)	No		
You	r name:			
Con	npany name:			
A4	Major business activity			
Clea	arly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective.			
	mple: Construction – Installing residential hardwood flooring.			
Spe	cify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each rep	resent.		
-	%			
-	%			
	0/			
	<u> </u>			
Λ.Ε.	GST/HST information – For more information, see Pamphlet RC2, The Business Number and Your Canada Revenue Agent	ov Program /	laggu	nto
A 5		, , , , , , , , , , , , , , , , , , , 	(CCOU	nis.
	ou provide or plan to provide goods or services in Canada or to export outside Canada? If no , you generally cannot register for			
GSI	/HST. However, certain businesses may be able to register. For details, see Pamphlet RC2.	☐ Yes		No
Are	your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000?			
_	s, you have to register for GST/HST.	☐ Yes		No
Note	E: Special rules apply to charities and public institutions. For details, see Pamphlet RC2.			
Aro	you a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000?			
	s, you have to register for GST/HST.	☐ Yes		No
•	: Special rules apply to charities and public institutions. See Pamphlet RC2 for details.	_ 103		140
Are	all the goods/services you sell/provide exempt from GST/HST?	☐ Yes		No
Do v	ou operate a taxi or limousine service?	☐ Yes		No
If ye	s, you have to register for GST/HST regardless of your revenue.	_ 103		110
Are	you an individual whose sole activity subject to GST/HST is from commercial rental income?	☐ Yes		No
	you a non-resident?			
		☐ Yes		No
	you a non-resident who charges admission directly to audiences at activities or events in Canada?	☐ Yes		No
ıı ye	s, you have to register for GST/HST, regardless of your revenue.			
	ou want to register voluntarily? By registering voluntarily, you must begin to charge GST/HST and file returns even if your	☐ Yes		No
	dwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). For details, see			
ram	phlet RC2.			

Part B – GST/HST account information – Complete a separate form for each division of your corporation that requires a GST/HST account.				
	rmation is the same as in Part A3, tick the box.			
Account name				
Physical business leastion		Poetal or zin codo		
Physical business location		Postal or zip code		
Mailing address (if different from the physical busine	ess location) for GST/HST purposes	Postal or zip code		
c/o				
B2 Filing information – For more information, se	ee Pamphlet RC2, The Business Number and Your C	Canada Revenue Agency Program Accounts		
Enter the amount of your sales in Canada (dollar am	nount only) \$ (If you have no sales enter \$0)		
Enter the amount of your worldwide sales (dollar am	nount only) \$ (If you have no sales enter \$0)		
Enter the fiscal year-end for GST/HST purposes. If you do not enter a date, we will enter December 31	. Month Day			
Do you want to make an election to change the fisca GST/HST purposes?	al year-end for			
If yes , enter the date you would like to use.	Month Day			
Enter the effective date of registration for GST/HST purposes.		For information about when to register for GST/HST, see Pamphlet RC2.		
B3 Reporting period				
(including those of your associates) for the precedin	g year. If you do not have annual sales from the prure listed below. Please indicate in the right column	our total annual GST/HST taxable sales in Canada eceeding year, your sales are \$0. If you want to elect which option you want to elect. For more information,		
Reporting period election Select yes if you want to file more frequently than the	e reporting period assigned to you.	□ No		
Total annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Options		
☐ More than \$6,000,000	Monthly	No options available		
☐ More than \$1,500,000 up to \$6,000,000	Quarterly	☐ Monthly		
□ \$1,500,000 or less	Annual	☐ Monthly or ☐ Quarterly		
□ Charities	Annual	☐ Monthly or ☐ Quarterly		
☐ Financial institutions	Annual	☐ Monthly or ☐ Quarterly		
B4 Direct deposit information – The account holder identified below requests and authorizes the Minister of National Revenue to directly deposit into the Canadian financial institution's account identified below, amounts payable to the account holder under Part IX of the Excise Tax Act.				
Complete the information area below or attach a blank cheque and write "VOID" across the front. This method provides a faster, more convenient, and dependable way of receiving refunds. The CRA will deposit your GST/HST refund into your Canadian financial institution's account.				
Branch number Ins	titution number	Account number		
Name(s) of account holder(s):				

Part C - Payroll account information - Complete parts C1 and C2 if you need a payroll account.	
C1 Payroll account identification – If the information is the same as in Part A3, tick the box.	
Account name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) for payroll deduction purposes c/o	Postal or zip code
Language of preference English French	
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 tick the pay period(s) that apply. □ Daily □ Weekly □ Bi-weekly □ Semi-monthly □ Monthly □ Annually □ Other (specify)	
c) What is the maximum number of employees you expect to have working for you at any time in the next 12 months?	
d) When will you make the first payment to your employees or payees? Year Month Day	
e) Duration of business: Year-round Seasonal	
If seasonal, tick month(s) of operation: J F M A M J J A S O N D	
f) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation? Yes No If yes , enter country: ———————————————————————————————————	
g) Are you a franchisee? Yes No If yes , enter the name and country of the franchisor:	

Part D – Import/export account Information – If you need an import/export account for commercial purposes (you do n import/export account for personal importation), complete D1 and D2. Complete a separate form for each branch or division of your complete D1 and D2.	_
import/export account for commercial purposes. D1 Import/export account identification – If the information is the same as in Part A3, tick the box.	
D1 Import/export account identification − If the information is the same as in Part A3, tick the box. □ Account name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) for import/export purposes	Postal or zip code
c/o	·
Language of preference ☐ English ☐ French	
Do you want us to send you import/export account information? ☐ Yes ☐ No	
D2 Import/export information	
Type of account: ☐ Importer ☐ Exporter ☐ Both importer/exporter ☐ Meeting, convention, and incentive	travel
If you are applying for an exporter account, you must enter all of the following requested 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 – Corporation income tax account information – If you need a corporation income tax account, complet have not provided your certificate of incorporation or amalgamation you have to complete Part E2 and E3.	e Part E1. If you
E1 Corporation income tax account identification – If the information is the same as in Part A3, tick the box.	
Name (as listed on your certificate of incorporation)	
Dhysical hysiness leasting	Dontol or vin ando
Physical business location	Postal or zip code
Mailing address (if different from the physical business location)	Postal or zip code
c/o	
Language of preference ☐ English ☐ French	
E2 Complete this part if you have not provided a copy of your Canadian certificate of incorporation or amalgamation.	
Certificate Number ————	
Date of Incorporation	
Date of Amalgamation	
E3 Indicate the jurisdiction of your business.	
□ Federal	
□ Provincial (province)	
□ Foreign (country)	
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, an officer corporation director. If the direct deposit Information is entered, an authorized representative may not sign this form.	of your business or a
The person signing this form is the: Owner Partner Corporation director Officer Authorized r	epresentative
I certify that the information given on this form is, to the best of my knowledge, true and complete.	
First and last names (wint)	
First and last names (print) Title	1
Signature Year Month Da	v
- Januari Da	,