Agency Agence du revenu du Canada		Protected B when completed	
	Request for a Business Number	FOR OFFICE USE	
Complete this form to apply for a business number	r (BN). If you are a sole proprietor with more than one busi	BN BN BN will apply to all your businesses.	
	 Once completed, send this form to your tax centre. The ta our Canada Revenue Agency Program Accounts. 		
	c and you want to register for the goods and services tax/h you want to register for any of the other three accounts list		
• To open a GST/HST account, complete parts A			
 To open a payroll account, complete parts A, C To open an import/export account, complete parts To open a corporation income tax account, cont 	arts A, D, and F.		
Part A – General information			
A1 Ownership type and Operation type			
Individual Partnership	Trust Corporation Other (specify:)	
Are you incorporated?	No (All Canadian corporations have to provide amalgamation or complete the information in		
Tick the box below that best describes your type	of operation (if none apply, leave this section blank):		
Sole proprietor	Federal government (publicly funded)	Other government body	
Society	Federal government (not publicly funded)	Strata condo corporation	
Employer of a domestic Foster parent	Municipal government	University/school	
Religious body	Financial institution		
☐ Hospital	Employer-sponsored plan	Diplomat	
A2 Owner(s) information – Complete this part to provide information for the individual owner, partner(s), corporation 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 (SIN) is mandatory for individuals (sole proprietors) applying to register for a GST/HST account (Social Insurance Number Disclosure Regulations, <i>Excise Tax Act</i>).			
Social insurance number (SIN)	First name La	st name	
Title	Work phone number Extension We	ork fax number	
Occupation	Home phone number Extension Ho	ome fax number	
	Cellular phone number Pa	iger number	
Social insurance number (SIN)	First name	st name	
	Work phone number Extension	ork fax number	
Occupation	Home phone number Extension	Dome fax number	
	Cellular phone number Pa	iger number	
representative). If you wish to authorize a represe	contact for registration purposes only (the contact name ntative to speak on your behalf about your BN program ac Business Number and Your Canada Revenue Agency Pro	count(s), complete Form RC59, <i>Business Consent</i>	
Title	First name La	st name	
	Work phone number Extension	ork fax number	
	Cellular phone number Pa	ger number	
		<u> </u>	
RC1 E (12) (Vous pou	ivez obtenir ce formulaire en français à www.arc.gc.ca ou au 1-80	0-959-3376.) Page 1 of 5 Canada	

A3 Identification of business			
Name			
Physical business location		City	
Province/Territory/State	Country		Postal or Zip Code
Mailing address (if different from the physical business location)		City	
c/o Province/Territory/State	Country		Postal or Zip Code
	Country		
Operating / Trade name			
Language of preference English French			
Are you a third party requesting No Ye the registration?	es (If yes , enter your name and com	npany name below.)	
Your name:			
Company name:			
A4 Major business activity			
Clearly describe your major business activity. Give as much detail as Example: Construction – Installing residential hardwood flooring.	s possible using at least one noun, a	verb, and an adjective.	
Specify up to three main products or services that you provide and th	ne estimated percentage of revenue	they each represent.	
			%
			%
			0/
			%
A5 GST/HST information – For more information, see Booklet RC	C2, The Business Number and Your	Canada Revenue Agenc	y Program Accounts.
Do you provide or plan to provide goods or services in Canada or to e If no , you generally cannot register for GST/HST. However, certain bu For more information, see Booklet RC2.			Yes No
Are your annual worldwide GST/HST taxable sales, including those of If yes , you have to register for GST/HST.	f any associates, more than \$30,000	?	Yes No
Note: Special rules apply to charities and public institutions. For more information	on, see Booklet RC2.		
Are you a public service body (PSB) whose annual worldwide GST/HS If yes , you have to register for GST/HST.	ST taxable sales are more than \$50,	000?	Yes No
Note: Special rules apply to charities and public institutions. For more information	on, see Booklet RC2.		
Are all the goods/services you sell/provide exempt from GST/HST?			Yes No
Do you operate a taxi or limousine service? If yes , you have to register for GST/HST, regardless of your revenue.			Yes No
Are you an individual whose sole activity subject to GST/HST is from	commercial rental income?		Yes No
Are you a non-resident?			Yes No
Are you a non-resident who charges admission directly to audiences a If yes , you have to register for GST/HST, regardless of your revenue.			Yes No
Do you want to register voluntarily? By registering voluntarily, you mu your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 For more information, see Booklet RC2.			Yes No

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Part B – GST/HST account information – Complete a separate form for each division of your corporation that requires a GST/HST account.				
B1 GST/HST account identification – If the info	rmation is the same as	in Part A3, tick this box.		
Account name				
Physical business location			City	
Province/Territory/State		Country		Postal or Zip Code
Mailing address (if different from the physical busines c/o	s location) for GST/HS	T purposes.	City	
Province/Territory/State		Country		Postal or Zip Code
B2 Filing information – For more information, se	ee Booklet RC2, The Bu	siness Number and Your Cana	ada Revenue Agency Pr	ogram Accounts.
Enter the amount of your sales in Canada (dollar an	nount only)	\$	(If you have no sale	s enter "\$0")
Enter the amount of your worldwide sales (dollar an	nount only)	\$	(If you have no sale	s 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 fiscal GST/HST purposes?	year-end for	Yes No		
If yes , enter the date you would like to use.		Month Day		
Enter the effective date of registration Image: Construction of the sector of the				
B3 Reporting period				
Unless you are a charity or a financial institution, we will assign you a reporting period based on your total annual GST/HST taxable sales in Canada (including those of your associates) for the preceding year . If you do not have annual sales from the preceding year, your sales are \$0. If you want to elect for a different reporting period, your options, if any, are listed below. Please indicate in the right column which option you want to elect. For more information, see Booklet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> .				
Reporting period election Tick yes if you want to file more frequently than the r	eporting period assigne	d to you.	Yes No	
Total annual GST/HST taxable sales in Canada (including those of your associates)		ssigned to you, unless you ge it (see next column)	o	ptions
More than \$6,000,000		Monthly	No options available	
More than \$1,500,000 to \$6,000,000	C	Quarterly		lonthly
\$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 a Canadian financial institution's account, amounts payable to the account holder under Part IX of the <i>Excise Tax Act</i> . If the direct deposit information is entered, an owner, partner, corporate director or officer must sign the form. An authorized representative may not .				
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.				
	stitution 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 this box.		
Account name			
Physical business location		City	
Province/Territory/State	Country		Postal or Zip Code
Mailing address (if different from the physical business location) c/o		City	
Province/Territory/State	Country	I	Postal or Zip Code
Language of preference English French			
C2 General information			
 a) What type of payment are you making? Payroll Registered retirement income fund Other (specify) b) How often will you pay your employees or payees? Please tick the pay p Daily Weekly Bi-weekly Monthly Annually Other (specify) c) What is the maximum number of employees you expect to have working d) When will you make the first payment to your employees or payees? e) Duration of business: If seasonal, tick month(s) of operation: f) If the business is a corporation, is it a subsidiary or an affiliate of a foreig If yes, enter the country: g) Are you a franchisee? Yes No If yes, enter the name and country of the franchisor: 	period(s) that apply. Semi-monthly g for you at any time in the next Year Month Year-round Se J F M A M J J A S	12 months? Day asonal O N D Yes No	
C3 Direct deposit			
To use this option, complete Form RC366, Direct Deposit Request —	- GST/HST, Payroll and/or Corp	oration Income Tax.	
Part D – Import/export account information – If you need an i import/export account for personal importation), complete D1 and needs an import/export account for commercial purposes.	D2. Complete a separate form		
D1 Import/export account identification – If the information is the same Account name	e as in Part A3, tick this box.		
		1	
Physical business location	1	City	
Province/Territory/State	Country	1	Postal or Zip Code
Mailing address (if different from the physical business location)		City	
c/o Province/Territory/State	Country		Postal or Zip Code
Language of preference English French	1		1
Do you want us to send you import/export account information?		Yes No	

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		Pro	tected B when completed	
D2 Import/export information				
		, convention, and incenti	ve travel	
If you are applying for an exporter account, you must enter all of the following	ing 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 – In provided your certificate of incorporation or amalgamation you h			Part E1. If you have not	
E1 Corporation income tax account identification – If the information	n is the same as in Part A3, tick	this box.		
Name (as listed on your certificate of incorporation)				
Physical business location		City		
Province/Territory/State	Country		Postal or Zip Code	
Mailing address (if different from the physical business location)		City		
c/o				
Province/Territory/State	Country		Postal or Zip Code	
Language of preference English French				
E2 Complete this part if you have not provided a copy of your Cana		-		
Certificate Number Year Month day Date of Incorporation				
E3 Indicate the jurisdiction of your business.				
Federal				
Provincial (province)				
Foreign (country/state)				
Part F – Certification				
All businesses must complete and sign this part. You are authorized to sign this form only if you are an owner, a partner, an officer of the business, a corporate director, or an authorized representative. However, if the direct deposit information is entered, an authorized representative may not sign this				
form. In this case an owner, a partner, an officer of the business or a corpo	ration director must sign the for	m.		
The person signing this form is the: Owner Partner	Officer	Corporate director	Authorized representative	
I certify that the information given on this form is, to the best of my knowledge, true and complete.				
First name (print)	Last name (print)		Title	
		Y		
Signature			Date	
Note: After you register your new business number or CRA program account (e.g. G ask you to provide more information. Having complete and valid information o			vided. At that time we may	

Privacy Act, personal information bank number CRA PPU 223