



REGISTRATION INFORMATION FOR APPLICANTS OF THE UTILITY AND CABLE TELEVISION TAX

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORWARD TO:
TAX ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE, P.O. BOX 8720, ST. JOHN'S, NL A1B 4K1

Are you currently registered under a Tax Program? No Yes Remitter Number _____

PLEASE INDICATE BUSINESS TYPE

Proprietorship Partnership Joint Vent Association Corporation (attach copy of Certificate of Incorporation)

LEGAL NAME

TRADE NAME (if your business operates under a name other than the legal name)

COMPLETE MAILING ADDRESS

| Street/Box | Town/City | Prov/State | State Postal/Zip code |
|------------|-----------|------------|-----------------------|
|------------|-----------|------------|-----------------------|

BUSINESS LOCATION ADDRESS (if different than mailing address)

| Street/Box | Town/City | Prov/State | State Postal/Zip code |
|------------|-----------|------------|-----------------------|
|------------|-----------|------------|-----------------------|

Contact Information (should it be necessary to contact you for further information, please provide the following)

Contact Name

Title

Phone

Facsimile

E-Mail

| | | | |
|--|-----------|------------|-----------------------|
| ACCOUNTING RECORDS LOCATION (if different than location address) | | | |
| Street/Box | Town/City | Prov/State | State Postal/Zip code |
| Contact Information (should it be necessary to contact you for further information, please provide the following) | | | |
| Contact Name | | Title | |
| Phone | Facsimile | E-Mail | |

| | | | |
|----------------------------|----------------|----------------|-----------------|
| BANKING INFORMATION | | | |
| Bank Name | | | |
| Street/Box | Town/City | Prov/State | Postal/Zip Code |
| Bank Number | Transit Number | Account Number | |

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|--|-----------------------------------|----------------------------------|----------------------------------|---|
| OWNERS AND DIRECTORS INFORMATION | | | | |
| Enter the name, date of birth, title and home address for the following; | | | | |
| Proprietorship - Owner | | | | |
| Partner - Two or more partners | | | | |
| Corporation - Officers/ directors | | | | |
| If there are more than two, please provide same on a separate sheet | | | | |
| Name | | Date of Birth | | Phone number |
| Street/Box | Town/City | Prov/State | Postal/Zip code | |
| Owner <input type="checkbox"/> | Director <input type="checkbox"/> | Officer <input type="checkbox"/> | Partner <input type="checkbox"/> | Other <input type="checkbox"/> (specify) _____ |

| | | | | |
|--------------------------------|-----------------------------------|----------------------------------|----------------------------------|---|
| Name | | Date of Birth | | Phone number |
| Street/Box | Town/City | Prov/State | Postal/Zip code | |
| Owner <input type="checkbox"/> | Director <input type="checkbox"/> | Officer <input type="checkbox"/> | Partner <input type="checkbox"/> | Other <input type="checkbox"/> (specify) _____ |

| |
|---|
| Fiscal Year End |
| Federal business number |
| Commencement date of business |
| Commencement date of business in NL, if different from above |

| | | |
|--------------------------------------|------------------|--------------------|
| PLEASE INDICATE BUSINESS TYPE | | |
| Telecommunications | Cable Television | Provision of Power |
| CRTC License number | | |

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| CERTIFICATION |
| I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate. |
| Name (please print) _____ |
| Signature _____ |
| Title _____ |
| Date _____ |

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| <p><u>Privacy and Confidentiality Notice</u></p> <p><i>This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act (www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm).</i></p> <p><i>If you have any questions regarding privacy and confidentiality please contact the Tax Administration division toll free at 1-877-729-6376.</i></p> |
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