

<b>NOTAX SERVICE</b>	
<b>Regular</b>	<b>Priority</b>

<b>Check which registration number(s) you have to obtain:</b>					
GST	QST	D.A.S. prov.	D.A.S. fed.	BN	Corporate Tax
<b>Check type of person presenting the request:</b>					
Natural Person		Partnership		Legal Person	

<b>Language of communication:</b>	French	English
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<b>Name of business:</b>	_____
<b>Other name used:</b>	_____
<b>Address of head office:</b>	_____
<b>Phone:</b>	_____

<b>Directors/Officers/Partners/Individual</b>
(residential address and phone number)

<b>1.</b>	Name: _____	First name: _____	(home phone): _____
	Address: _____		
	<b>social insurance number (mandatory):</b> _____		
	President	Vice-president	Secretary
	Treasurer	Director	Partner
	Other: _____		

<b>2.</b>	Name: _____	First name: _____	(home phone): _____
	Address: _____		
	<b>social insurance number (mandatory):</b> _____		
	President	Vice-president	Secretary
	Treasurer	Director	Partner
	Other: _____		

<b>3.</b>	Name: _____	First name: _____	(home phone): _____
	Address: _____		
	<b>social insurance number (mandatory):</b> _____		
	President	Vice-president	Secretary
	Treasurer	Director	Partner
	Other: _____		

\* See Annex A if more than 3 directors

<b>Has Revenu Canada already issued you a Business Number (BN):</b>	No	Yes	# _____
<b>Date of commencement of business activities:</b> Date of incorporation	Other: _____		
<b>Date of financial year-end:</b> 31 december	Other : _____		

**Described the detailed commercial activities (in French):**

  
  
  
  
  
  
  
  
  
  

**Information on specific activities (if any)**

If it is the purchase of a commercial building: Oui \_\_\_\_\_ Non \_\_\_\_\_  
Address : \_\_\_\_\_

Owner : Yes \_\_\_\_\_ No \_\_\_\_\_

Sales of alcoholic beverages on the premises \_\_\_\_\_

Field of insurance if yes, which field: \_\_\_\_\_

Sales of tires if yes, new \_\_\_\_\_ or used \_\_\_\_\_

Operates a lodging establishment If yes, which region: \_\_\_\_\_

If it's sales: retail \_\_\_\_\_ wholesale \_\_\_\_\_

If it's transportation, is it: Québec only \_\_\_\_\_ Outside Québec \_\_\_\_\_

If outside Québec, do you want the IFTA licence: yes \_\_\_\_\_ no \_\_\_\_\_

**\*\*\* if it concerns a holding corporation, the questionnaire titled « Société de portefeuille » must be completed.**  
**\*\*\* if it concerns a restaurant, the questionnaire titled « Renseignement sur les établissements de restauration situés au Québec » must be completed.**  
**\*\*\* if it concerns forestry operations, the questionnaire titled « opérations forestières » must be completed.**

**Yearly estimated amount of sales:** \$ \_\_\_\_\_

**Remittance period:**

less or equal to \$1 500 000:	Yearly	Quarterly	Monthly
Over \$1 500 000 but less or equal to \$6 000 000:		Quarterly	Monthly
Over \$6 000 000:	Monthly		

**\*\*\* If business is in the clothing manufacturing industry, note that the remittance period is automatically monthly.**

**Date you want the registration to come into effect:**

Date of incorporation \_\_\_\_\_ Other: \_\_\_\_\_

**\*\*\* It is not possible to go more than a month from the filing date of the GST-QST form unless you have invoices on which the QST-QST have been charged.**

**Are you in importation or exportation:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the type of account: Importer \_\_\_\_\_ Exporter \_\_\_\_\_ Import-Export \_\_\_\_\_

Specify type of exported goods: \_\_\_\_\_

Yearly estimated value of exported goods: \$ \_\_\_\_\_

Are you a franchisee: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of franchisor: \_\_\_\_\_

## Deduction at sources Section (D.A.S.)

The **first** payment of salary will occur (approximately): \_\_\_\_\_

Which pay period will you adopt for your employees?  
Daily      Weekly      Bi-weekly      Monthly      Other : \_\_\_\_\_

Will you keep your pay records on **technological support**

Are you using a **payroll service**      *if yes, indicate name:* \_\_\_\_\_

How many **employees** maximum for the next 12 months: \_\_\_\_\_

Do you wish to receive a copy of the payroll deduction tables on **computer support**?

**ADDRESS OF MAIN PLACE OF BUSINESS:** Same as head office

Other:

**MAILING ADDRESS:** Same as head office

Other:

### \*\*\* PLEASE ATTACH THE FOLLOWING DOCUMENTS

- ✓ A copy of the **certificate of incorporation** if it concerns a corporation incorporated outside the province of Québec or outside Canada;
- ✓ A **proxy** signed by one of the **officers** (president, vice-president, secretary or treasurer) if it is for a corporation. For a partnership, one of the partners and for a sole proprietorship, the individual. This proxy must be sent by **fax at 514-393-4060**;
- ✓ Note that all requested information must be completed. **(Mandatory)**

# Annex A

## Directors/Officers/Partners/Individual

(residential address and phone number)

4. Name: \_\_\_\_\_ First name: \_\_\_\_\_ (home phone): \_\_\_\_\_  
Address: \_\_\_\_\_  
**social insurance number (mandatory):** \_\_\_\_\_  
President Vice-president Secretary Treasurer Director Partner Other: \_\_\_\_\_

5. Name: \_\_\_\_\_ First name: \_\_\_\_\_ (home phone): \_\_\_\_\_  
Address: \_\_\_\_\_  
**social insurance number (mandatory):** \_\_\_\_\_  
President Vice-president Secretary Treasurer Director Partner Other: \_\_\_\_\_

6. Name: \_\_\_\_\_ First name: \_\_\_\_\_ (home phone): \_\_\_\_\_  
Address: \_\_\_\_\_  
**social insurance number (mandatory):** \_\_\_\_\_  
President Vice-president Secretary Treasurer Director Partner Other: \_\_\_\_\_

7. Name: \_\_\_\_\_ First name: \_\_\_\_\_ (home phone): \_\_\_\_\_  
Address: \_\_\_\_\_  
**social insurance number (mandatory):** \_\_\_\_\_  
President Vice-president Secretary Treasurer Director Partner Other: \_\_\_\_\_

8. Name: \_\_\_\_\_ First name: \_\_\_\_\_ (home phone): \_\_\_\_\_  
Address: \_\_\_\_\_  
**social insurance number (mandatory):** \_\_\_\_\_  
President Vice-president Secretary Treasurer Director Partner Other: \_\_\_\_\_

9. Name: \_\_\_\_\_ First name: \_\_\_\_\_ (home phone): \_\_\_\_\_  
Address: \_\_\_\_\_  
**social insurance number (mandatory):** \_\_\_\_\_  
President Vice-president Secretary Treasurer Director Partner Other: \_\_\_\_\_

## PROXY

The business below, hereby authorizes **Dye & Durham – Marque d'or** and more precisely its employee :

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- a) to take the necessary actions with the representatives of the Québec Ministry of Revenue in order to obtain the following registration numbers : GST, QST, deductions at source, corporate income tax and/or Business Number («tax numbers»); and
- b) sign and file the application to register for tax numbers.

Furthermore, we allow Revenu Québec and the Canada Revenue Agency to divulge the tax numbers to the employee of **Dye & Durham – Marque d'or** and to provide to him or her any other relevant information for that purpose and in particular changes or any additional information requested.

Finally, the business below certifies that the information it had provided is accurate, complete, truthful and that no relevant information is omitted.

Mandate given to **Dye & Durham – Marque d'or**, this \_\_\_\_\_ day of \_\_\_\_\_ the year \_\_\_\_\_

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*Name of business*

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*Authorized representative of the business  
(Name in print form)*

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*Signature of the authorized representative*

President                      Vice-president                      Secretary  
Treasurer                      Partner in a partnership (CcQ)  
Individual in a sole proprietorship

**N.B. :** *This proxy must be signed by at least one officer, partner or individual named in the application. In the case of a corporation, the proxy must be signed by the president, the vice-president, secretary or treasurer. In the case of a partnership, the proxy must be signed by one of the partners and in the case of an individual, the proxy must be signed by the latter.*

# Fax

**To:** Marque d'or

**CHECK IF PRIORITY SERVICE**

**C/O:** Notax Department

**Fax number:** 514 393-4060

**From:** \_\_\_\_\_

**Our phone number:** \_\_\_\_\_

**Our client number:** \_\_\_\_\_

**Our file number:** \_\_\_\_\_

**Subject:** Request to register for tax numbers

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Good day,

Please find attached our application to obtain the tax numbers. If you need additional information, please contact us.

Yours truly

\_\_\_\_\_  
Name