



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.** Once completed, send this form to your tax centre. The tax centres are listed at [www.cra.gc.ca/taxcentre](http://www.cra.gc.ca/taxcentre) and in Booklet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*. For more information, go to [www.cra.gc.ca/bn](http://www.cra.gc.ca/bn) or call 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: \_\_\_\_\_)

Are you incorporated?  Yes  No **(All Canadian corporations have to provide a copy of the certificate of incorporation or amalgamation or complete the information requested in Part E.)**

Tick the box below that best describes your type of operation (if none apply, leave this section blank):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sole proprietor        | <input type="checkbox"/> Federal government (publicly funded)     | <input type="checkbox"/> Other government body    |
| <input type="checkbox"/> Society                | <input type="checkbox"/> Federal government (not publicly funded) | <input type="checkbox"/> Strata condo corporation |
| <input type="checkbox"/> Employer of a domestic | <input type="checkbox"/> Provincial government                    | <input type="checkbox"/> Association              |
| <input type="checkbox"/> Foster parent          | <input type="checkbox"/> Municipal government                     | <input type="checkbox"/> University/school        |
| <input type="checkbox"/> Religious body         | <input type="checkbox"/> Financial institution                    | <input type="checkbox"/> Union                    |
| <input type="checkbox"/> Hospital               | <input type="checkbox"/> Employer-sponsored plan                  | <input type="checkbox"/> 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, *Excise Tax Act*).

Social insurance number (SIN)	First name	Last name
Title	Work phone number Extension	Work fax number
Occupation	Home phone number Extension	Home fax number
	Cellular phone number	Pager number
Social insurance number (SIN)	First name	Last name
Title	Work phone number Extension	Work fax number
Occupation	Home phone number Extension	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, *Business Consent form*. For more information, see Booklet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*.

Title	First name	Last name
	Work phone number Extension	Work fax number
	Cellular phone number	Pager number

<b>A3 Identification of business</b>		
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	Postal or Zip Code
Operating / Trade name		
Language of preference	<input type="checkbox"/> English	<input type="checkbox"/> French
<b>Are you a third party requesting the registration?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If <b>yes</b> , enter your name and company name below.)		
Your name: _____		
Company name: _____		
<b>A4 Major business activity</b>		
Clearly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective. Example: Construction – Installing residential hardwood flooring.		
_____		
_____		
Specify up to three main products or services that you provide and the estimated percentage of revenue they each represent.		
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
<b>A5 GST/HST information – For more information, see Booklet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i>.</b>		
Do you provide or plan to provide goods or services in Canada or to export outside Canada? If <b>no</b> , you generally cannot register for GST/HST. However, certain businesses may be able to register. For more information, see Booklet RC2.		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000? If <b>yes</b> , you <b>have</b> to register for GST/HST.		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note:</b> Special rules apply to charities and public institutions. For more information, see Booklet RC2.		
Are you a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000? If <b>yes</b> , you <b>have</b> to register for GST/HST.		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note:</b> Special rules apply to charities and public institutions. For more information, see Booklet RC2.		
Are all the goods/services you sell/provide exempt from GST/HST?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate a taxi or limousine service? If <b>yes</b> , you <b>have</b> to register for GST/HST, regardless of your revenue.		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an individual whose sole activity subject to GST/HST is from commercial rental income?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-resident?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-resident who charges admission directly to audiences at activities or events in Canada? If <b>yes</b> , you <b>have</b> to register for GST/HST, regardless of your revenue.		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to register voluntarily? By registering voluntarily, you <b>must</b> begin to charge GST/HST and file returns even if your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). For more information, see Booklet RC2.		
		<input type="checkbox"/> Yes <input type="checkbox"/> No





<b>D2 Import/export information</b>			
Type of account: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Both Importer-exporter <input type="checkbox"/> Meeting, convention, and incentive travel			
If you are applying for an exporter account, you <b>must</b> enter 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:         \$ _____			
<b>Part E – Corporation income tax account information</b> – If you need a corporation income tax account, complete Part E1. If you have not provided your certificate of incorporation or amalgamation you have to complete Parts E2 and E3.			
<b>E1 Corporation income tax account identification</b> – If the information is the same as in Part A3, tick this box. <input type="checkbox"/>			
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) c/o			City
Province/Territory/State		Country	Postal or Zip Code
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French			
<b>E2 Complete this part if you have not provided a copy of your Canadian certificate of incorporation or amalgamation.</b>			
Certificate Number _____			
<div style="display: flex; justify-content: space-around;"> <span>Year</span> <span>Month</span> <span>day</span> </div>			
Date of Incorporation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Date of Amalgamation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>E3 Indicate the jurisdiction of your business.</b>			
<input type="checkbox"/> Federal			
<input type="checkbox"/> Provincial _____ (province)			
<input type="checkbox"/> Foreign _____ (country/state)			
<b>Part F – Certification</b>			
All businesses <b>must</b> complete and sign this part. You are authorized to sign this form <b>only</b> if you are an owner, a partner, an officer of the business, a corporate director, or an authorized representative. <b>However, if the direct deposit information is entered, an authorized representative may not sign this form.</b> In this case an owner, a partner, an officer of the business or a corporation director <b>must sign</b> the form.			
The person signing this form is the: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Corporate director <input type="checkbox"/> Authorized representative			
<b>I certify that the information given on this form is, to the best of my knowledge, true and complete.</b>			
_____		_____	
First name (print)		Last name (print)	
_____			_____
Signature			Date
			Y   Y   Y   Y     M   M     D   D
<b>Note:</b> After you register your new business number or CRA program account (e.g. GST/HST) we may contact you to confirm the information you provided. At that time we may ask you to provide more information. Having complete and valid information on file for your business allows us to serve you better.			