

## REGISTRATION FORM INSURANCE PREMIUMS TAX

Remitter Number

--	--	--	--	--	--

*(If you are currently registered for a tax program within the province)*

Complete this form to apply for a Retail Sales Tax Licence to collect retail sales tax on the sale of insurance premiums, or when required, to self-assess on insurance premiums paid in relation to risk occurring in the Province of Newfoundland and Labrador.

### Part A: General Business Information

#### PLEASE INDICATE BUSINESS TYPE

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

#### OWNERS' AND DIRECTORS' INFORMATION

Enter information for sole proprietor, or all partners, corporation directors or officers of the business.  
 If there are more than two, please provide same information on a separate sheet.

First Name		Last Name	
Title	Phone Number (    )    —	Email Address	
First Name		Last Name	
Title	Phone Number (    )    —	Email Address	

#### CONTACT INFORMATION

Should it be necessary to contact you for further information, please provide the following.

Contact First Name	Contact Last Name	Title
Phone (    )    —	Facsimile (    )    —	Email Address

**Part B: Business Information**

LEGAL NAME

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

FEDERAL BUSINESS NUMBER

FISCAL YEAR END

**MAILING ADDRESS**

Street/Box

Town/City

Prov/State

Postal/Zip Code

**ACCOUNTING RECORDS LOCATION**

Street/Box

Town/City

Prov/State

Postal/Zip Code

Contact First Name

Contact Last Name

Title

Phone

( ) — — — — —

Facsimile

( ) — — — — —

Email Address

**BUSINESS LOCATION ADDRESS** *(if different than mailing address)*

Street/Box

Town/City

Prov/State

Postal/Zip Code

Contact First Name

Contact Last Name

Title

Phone

( ) — — — — —

Facsimile

( ) — — — — —

Email Address

**MULTIPLE LOCATION ADDRESS** *(Complete if more than one location. If more than two, please provide same information on a separate sheet.)*

Street/Box

Town/City

Prov/State

Postal/Zip Code

Contact First Name

Contact Last Name

Title

Phone

( ) — — — — —

Facsimile

( ) — — — — —

Email Address

**Part C: Banking Information** *(provide the insurance premiums tax trust account if applicable)*

Bank Name

Bank Number

Transit Number

Account Number

Street/Box

Town/City

Prov/State

Postal/Zip Code

**Part D: Registration Type****INSURANCE PROVIDER***(If selling insurance, related to risk occurring in the province, complete the following.)*

Estimated annual sales in the province \$ \_\_\_\_\_

Commencement date of business \_\_\_\_\_  
(Month) (Day) (Year)Commencement date of business in NL \_\_\_\_\_  
(if different than above) (Month) (Day) (Year)**SELF ASSESSOR***(If self- assessing retail sales tax ,on insurance premiums paid in relation to risk occurring in the province, complete the following.)*

Nature of Business:

Date(s) of your policy premium \_\_\_\_\_  
(Month) (Day) (Year)  
\_\_\_\_\_  
(Month) (Day) (Year)**PART E: CERTIFICATION**

I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate.

First Name

Last Name

Title

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)**Privacy and Confidentiality Notice***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, 2015 ([www.assembly.nl.ca/Legislation/sr/statutes/a01-2.htm](http://www.assembly.nl.ca/Legislation/sr/statutes/a01-2.htm)).**If you have any questions regarding privacy and confidentiality please contact the Tax Administration Division toll free at 1-877-729-6376.*