



REGISTRATION FORM INSURANCE PREMIUMS TAX

Remitter Number

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(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
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MAILING ADDRESS

Street/Box	Town/City	Prov/State	Postal/Zip Code
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ACCOUNTING RECORDS LOCATION

Street/Box	Town/City	Prov/State	Postal/Zip Code
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Contact First Name	Contact Last Name	Title
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Phone (____) ____ - ____	Facsimile (____) ____ - ____	Email Address
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BUSINESS LOCATION ADDRESS (*if different than mailing address*)

Street/Box	Town/City	Prov/State	Postal/Zip Code
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Contact First Name	Contact Last Name	Title
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Phone (____) ____ - ____	Facsimile (____) ____ - ____	Email Address
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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
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Contact First Name	Contact Last Name	Title
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Phone (____) ____ - ____	Facsimile (____) ____ - ____	Email Address
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Part C: Banking Information

(provide the insurance premiums tax trust account if applicable)

Bank Name

Bank Number	Transit Number	Account Number
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Street/Box	Town/City	Prov/State	Postal/Zip Code
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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).

If you have any questions regarding privacy and confidentiality please contact the Tax Administration Division toll free at 1-877-729-6376.