



Government of Newfoundland and Labrador  
Department of Finance  
Taxation and Fiscal Policy Branch  
Tax Administration Division

## REGISTRATION INFORMATION FOR APPLICANTS OF THE INSURANCE COMPANIES TAX

This form to be used when registering to remit 5% tax on the gross insurance premiums transacted in the Province of Newfoundland and Labrador.

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

Street/Box	Town/City	Prov/State	State Postal/Zip code
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**Contact Information** ( should it be necessary to contact you for further information, please provide the following )

Contact Name

Title

Phone

Facsimile

E-Mail

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

<b>BANKING INFORMATION</b>			
Bank Name			
Street/Box	Town/City	Prov/State	Postal/Zip Code
Bank Number	Transit Number	Account Number	

<b>OWNERS AND DIRECTORS INFORMATION</b>				
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	Director	Officer	Partner	Other (specify) _____

Name		Date of Birth		Phone number
Street/Box	Town/City	Prov/State	Postal/Zip code	
Owner	Director	Officer	Partner	Other (specify) _____

<b>MULTIPLE LOCATIONS ADDRESS (Complete if more than one location. If more than two, please provide Same information on a separate sheet.)</b>			
Street/Box	Town/City	Prov/State	State Postal/Zip code
<b>Contact Information</b> ( should it be necessary to contact you for further information, please provide the following )			
Contact Name		Title	
Phone	Facsimile	E-Mail	

Street/Box	Town/City	Prov/State	State Postal/Zip code
<b>Contact Information</b> ( should it be necessary to contact you for further information, please provide the following )			
Contact Name		Title	
Phone	Facsimile	E-Mail	

<b>Fiscal Year End</b>
<b>Federal business number</b>
<b>Commencement date of business</b>
<b>Commencement date of business in NL,if different from above</b>
<b>Estimated annual taxable premiums</b>

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

<p><b><u>Privacy and Confidentiality Notice</u></b></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 (<a href="http://www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm">www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm</a>).</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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