



### Business Number – Import-Export Program Account Information

Fill in this form if you have a business number (BN) and you need to open an import-export program account for commercial purposes. (You do not need to register for an import-export program account for personal importations). Fill in a separate form for each branch or division of your business that requires an import-export program account for commercial purposes. Once filled in, 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.

<b>1 Business information</b> (for a corporation, enter the name and address of the head office)			
Business name (Legal name)		Business number	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Operating, trade, or partnership name (if different from name above). If you have more than one business or if your business operates under more than one name, enter the names here. If you need more space, include the information on a separate piece of paper.			
If you want to use a separate name for your import-export program account, enter that name here.			
Physical business location		City	
Province, territory, or state		Country	Postal or ZIP Code
Mailing address (if different from physical business location) for import-export purposes. c/o		City	
Province, territory, or state		Country	Postal or ZIP Code
<b>Contact person</b> – Please provide the name of a contact for <b>registration purposes only</b> (the contact name provided will not be considered an authorized representative). A contact person does not have authority unless they are also an authorized representative or a delegated authority. If a contact person does not have authority on the business number program account, they cannot change information and we cannot share information. If you wish to authorize a representative to deal with the Canada Revenue Agency (CRA) about your BN program accounts, fill in Form RC59, <i>Business Consent</i> or Form RC321, <i>Delegation of Authority</i> . For more information, see Booklet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> .			
Title	First name		Last name
Work telephone number	Ext.	Work fax number	Mobile telephone number
<b>2 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>3 Major business activity</b>			
Describe your major business activity with as much detail as possible. Use at least a noun, a verb, and an adjective to describe your activity. 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>4 Certification</b>			
All businesses <b>must</b> fill in and sign this part in order for the form to be processed. After you register your CRA program account we may contact you to confirm the information you provided. At that time we may ask you to provide more information. We can serve you better when you have complete and valid information on file for your business.			
The individual signing this form is:			
<input type="checkbox"/> an owner		<input type="checkbox"/> a corporate director	
<input type="checkbox"/> a partner of a partnership		<input type="checkbox"/> a trustee of an estate	
		<input type="checkbox"/> an officer of a non-profit organization	
		<input type="checkbox"/> a third party requestor	
First name: _____		Last name: _____	
Title: _____		Telephone number: _____	
I certify that the information given on this form is correct and complete.			
Signature: ► _____			Date (YYYY-MM-DD): _____

Personal information is collected under the *Income Tax Act* and *Customs Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of these Acts such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source [www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html](http://www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html), personal information bank CRA PPU 223.