



Instructions for Completing the Notice of Change – Business/ Location Address or Business Name

Please complete this form for the following:

- your address has changed,
- the name or ownership of your business has changed, or
- your business has been closed or sold.

Send the completed form by fax to 250 356-2195 or by mail to the address above. If you send by fax, please do not mail the original.

If you need assistance, please call us toll-free at 1 877 388-4440. Information is also available on our website at www.gov.bc.ca/ctb

1 TAX ACCOUNT INFORMATION

Indicate the full account name that the change applies to and select either 'legal' or 'doing business as (DBA)' for the type of name. Provide your federal business number if you have one.

Indicate which tax account(s) the change applies to. If you are unsure of your registration number, you can find it pre-printed on your tax return.

2 ADDRESS CHANGE

Indicate which address(s) you want changed: location, mailing, both location and mailing, and/or tax return address(s).

Indicate the date the change will be occurring.

Indicate if you want to add or delete branch location(s).

Please provide the full address, including street, city, province, country and postal code.

3 OWNERSHIP/NAME CHANGE

Indicate the type of ownership or name change and the effective date of the change.

If there is a change of ownership for a proprietorship, or incorporation of a proprietorship or partnership, you must submit an application for a new tax account number as registration numbers are not transferable.

If there is a corporate name change or amalgamation, and your company is incorporated outside British Columbia, please provide the applicable corporate documents.

Indicate if you want to add or delete partners.

4 BUSINESS CLOSED

If your business is being closed, indicate the date of closure and the disposition of the assets.

5 BUSINESS SOLD

If your business was sold, indicate the date sold, and the name and address of the purchaser.

6 CERTIFICATION

Please sign and include your name and title. If we have any questions regarding these changes, we will contact you.

NOTICE OF CHANGE BUSINESS/LOCATION ADDRESS OR BUSINESS NAME

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Motor Fuel Tax Act*, *Carbon Tax Act*, *Hotel Room Tax Act* and *Consumption Tax Rebate and Transition Act* under the authority of these Acts and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Manager, Program Services, PO Box 9442 Stn Prov Govt, Victoria, BC V8W 9V7. Telephone: toll-free at 1 877 388-4440

Please type or print clearly

1 TAX ACCOUNT INFORMATION

ACCOUNT NAME _____

FEDERAL BUSINESS NUMBER (9 digits) _____

 Type – check (✓) one type only: Legal Doing Business As (dba)

Check (✓) applicable boxes and provide registration number

<input type="checkbox"/> Motor Fuel Tax # (including IFTA): _____	<input type="checkbox"/> Carbon Tax #: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Municipal and Regional District Tax #: _____	<input type="checkbox"/> Residential Energy Credit and Rebate Program - Energy Supplier #: _____	

2 ADDRESS CHANGE – Indicate (✓) applicable change and complete the information below

 EFFECTIVE DATE OF CHANGE
YYYY / MM / DD

<input type="checkbox"/> Location of Business Changed	CHANGE ADDRESS TO (include postal code): _____ _____ _____
<input type="checkbox"/> Mailing Address Changed	
<input type="checkbox"/> Both Location and Mailing Addresses Changed	
<input type="checkbox"/> Address to Mail Tax Returns Changed	
<input type="checkbox"/> Add Branch Location(s): _____	
<input type="checkbox"/> Delete Branch Location(s): _____	

3 OWNERSHIP/NAME CHANGE – Indicate (✓) applicable change and complete the information below

 EFFECTIVE DATE OF CHANGE
YYYY / MM / DD

<input type="checkbox"/> Proprietorship Ownership Change <i>(new tax account application required)</i>	<input type="checkbox"/> Corporation Name Change
<input type="checkbox"/> Incorporation of a Proprietorship or Partnership <i>(new tax account application required)</i>	<input type="checkbox"/> Business Name Change
<input type="checkbox"/> Partnership	<input type="checkbox"/> Amalgamation
<input type="checkbox"/> Add Partners: _____	NEW CORPORATION OR BUSINESS NAME: _____
<input type="checkbox"/> Delete Partners: _____	

**4 COMPLETE IF
BUSINESS CLOSED**

 DATE CLOSED
YYYY / MM / DD

DISPOSITION OF ASSETS

<input type="checkbox"/> Assets Retained and Tax Previously Paid
<input type="checkbox"/> Assets Retained and Tax Not Previously Paid
<input type="checkbox"/> Assets Sold – Purchaser(s) Name(s): _____
<input type="checkbox"/> No Assets

**5 COMPLETE IF
BUSINESS SOLD**

 DATE OF SALE
YYYY / MM / DD

NAME OF PURCHASER _____

ADDRESS OF PURCHASER (include postal code) _____

6 CERTIFICATION – I certify that the information on this statement is correct to the best of my knowledge and belief, and I understand that false information may result in penalties and/or prosecution.

SIGNATURE _____

NAME _____

TITLE _____

 DATE SIGNED
YYYY / MM / DD

TELEPHONE NUMBER

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FAX NUMBER

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