

BUSINESS INFORMATION FORM

(PLEASE FILL OUT THE FORM FOR EACH BUSINESS THAT YOU HAVE OPERATED OR REGISTERED IN THE LAST 5 YEARS)

	EXPLANATION
Legal Name of Business	
Trade Name / Carrying on Business As	
Proprietorship, Partnership or Corporation? (If corporation, please indicate % of shares owned)	
Business Address	
Start Date of Operation	
Last Date of Operation	
Nature of Business	
Does business operate? (If not, date of cessation)	
Where are the books/ records of the business?	
Name of Partners	
Number of Employees	
Business Account, HST, Source Deduction	
GST No.	
Payroll Remittance No.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any outstanding returns?	
Directors Name/s Officers Name/s	