



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

☐ Motor Fuel Tax # (including IFTA): _____ ☐ Carbon Tax #: _____ ☐ Other: _____

☐ Municipal and Regional District Tax #: _____ ☐ Residential Energy Credit and Rebate Program - Energy Supplier #: _____

2 ADDRESS CHANGE – Indicate (✓) applicable change and complete the information belowEFFECTIVE DATE OF CHANGE
YYYY / MM / DD

- ☐ Location of Business Changed
- ☐ Mailing Address Changed
- ☐ Both Location and Mailing Addresses Changed
- ☐ Address to Mail Tax Returns Changed
- ☐ Add Branch Location(s): _____

CHANGE ADDRESS TO (include postal code):

☐ Delete Branch Location(s): _____**3 OWNERSHIP/NAME CHANGE –** Indicate (✓) applicable change and complete the information belowEFFECTIVE DATE OF CHANGE
YYYY / MM / DD

- ☐ Proprietorship Ownership Change (new tax account application required)
- ☐ Incorporation of a Proprietorship or Partnership (new tax account application required)
- ☐ Partnership
- ☐ Add Partners: _____
- ☐ Delete Partners: _____
- ☐ Corporation Name Change
- ☐ Business Name Change
- ☐ Amalgamation

NEW CORPORATION OR BUSINESS NAME: _____

**4 COMPLETE IF
BUSINESS CLOSED**DATE CLOSED
YYYY / MM / DD

DISPOSITION OF ASSETS

- ☐ Assets Retained and Tax Previously Paid
- ☐ Assets Retained and Tax Not Previously Paid
- ☐ Assets Sold – Purchaser(s) Name(s): _____
- ☐ 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

FAX NUMBER

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