



APPLICATION FOR REGISTRATION OF AN IB SPECIALIST

under the International Business Activity Act

General Inquiries: 250 953-3082 Toll-free: 1 877 387-3332 Fax Number: 250 356-0434

FOR OFFICE USE ONLY DATE RECEIVED YYYY / MM / DD

INSTRUCTIONS

- This form must be completed by the corporation applying to register an IB specialist as defined in section 1 of the International Business Activity Act. A separate Application for Registration of an IB Specialist (FIN 566) form is required for each IB specialist being registered. All applicable information must be provided. For more information, refer to How to Complete the Application for Registration of an IB Specialist.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the International Business Activity Act under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Intergovernmental Relations, PO Box 9444 Stn Prov Govt, Victoria BC V8W 9W8 (telephone: Victoria at 250 387-3332 or toll-free at 1 877 387-3332. Email: ITBTaxQuestions@gov.bc.ca

1. Applicant Information

NAME OF CORPORATION TELEPHONE NUMBER BUSINESS NUMBER (9 digits) MAILING ADDRESS OF CORPORATION (include street or PO box, city, province and postal code) ACCOUNT NUMBER (5 digits) C

2. Type of International Business

- International Financial Business International Film Distribution Business International Patent Business International Digital Media Distribution Business

3. Indicate the Number of IB Specialists Currently Registered by Type

Administrative Support Services and Back-Up Office Services Specialist(s) (maximum 4) Executive Specialist(s) (maximum 2)

4. Specialist/Executive Information

LAST NAME FIRST NAME AND MIDDLE INITIAL SOCIAL INSURANCE NUMBER MAILING ADDRESS (include street or PO box, city, province and postal code) EMAIL ADDRESS TELEPHONE NUMBER

5. Employment Information

DATE SPECIALIST/EXECUTIVE COMMENCED EMPLOYMENT YYYY / MM / DD DATE EMPLOYMENT CONTRACT SIGNED YYYY / MM / DD

6. Prior Registration Information

Has the specialist/executive been previously registered under this Act? YES NO DATE OF REGISTRATION YYYY / MM / DD

7. Resident Information

Was the individual a non-resident of Canada before entering into the written employment contract?

YES NO

If **YES**, provide the country of residence.

DATE OF ARRIVAL IN CANADA
YYYY / MM / DD

8. Type of IB Specialist

International Financial Business Specialist

Administrative Support Services or Back-Up Office Services Specialist

Executive Specialist

Designated International Business Specialist

9. Additional Information (if applicable)

Complete this section only if registering an Administrative Support Services Specialist, Back-Up Office Services Specialist or an Executive Specialist.

Was the individual a non-resident of Canada at the end of the individual's taxation year preceding the date of application?

YES NO

Did the individual enter into a written employment contract on or after March 3, 2010?

YES NO

Does the individual, or any person related to the individual, deal at non-arm's length with the registered corporation?

YES NO

If **YES**, provide name and nature of the relationship (*attach a separate list if necessary*):

10. Attachments

Job description

Written employment contract

Social Insurance Number documents

Authorization or Cancellation of a Representative (**FIN 564**)

Other

11. Certification – An authorized signing authority of the corporation must make the following declaration.

I, _____, certify that, to the best of my knowledge
(Full Legal Name)

and belief, all of the information given in this application is true, correct and complete in all material respects.

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY

POSITION

DATE SIGNED
YYYY / MM / DD

X