

**INSTRUCTIONS FOR COMPLETING THE  
NOTICE OF CHANGE  
BUSINESS/LOCATION ADDRESS  
OR BUSINESS NAME**

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Please complete this form for the following reason(s):

- your business 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 [gov.bc.ca/consumertaxes](http://gov.bc.ca/consumertaxes)

**1 TAX ACCOUNT INFORMATION**

Provide the full account name to which the change applies and your 9-digit business number, if you have one. Select either “legal” or “doing business as (DBA)” for the type of account name.

Select the applicable tax account(s) that have changed. If you are unsure of your registration number, you can find it pre-printed on your tax return.

**2 ADDRESS CHANGE**

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

Provide the effective date the change will be occurring.

If you want to add or delete branch location(s), select and provide the location address.

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

**3 OWNERSHIP/NAME CHANGE**

Select the type of ownership or name change(s) and provide 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 BC, please provide a copy of the incorporation certificate.

If you want to add or delete partners, select and enter their name(s).

**4 BUSINESS CLOSED**

If your business has closed, provide the date of closure and the disposition of the assets.

**5 BUSINESS SOLD**

If your business was sold, provide 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

under the *Motor Fuel Tax Act, Carbon Tax Act*  
 and *Provincial Sales Tax Act*

**Please type or print clearly**

**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
 The personal information on this form is collected for the purpose of administering the above tax Acts 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 9V4. (Telephone: toll-free at 1 877 388-4440)

**1 TAX ACCOUNT INFORMATION**

ACCOUNT NAME	BUSINESS NUMBER (a unique 9-digit number provided by CRA)
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TYPE OF ACCOUNT NAME – Check (✓) one  Legal  Doing Business As (DBA)

APPLICABLE TAX ACCOUNTS – Check (✓) applicable change(s) and provide your registration number below

Motor Fuel Tax # (including IFTA): \_\_\_\_\_  Carbon Tax #: \_\_\_\_\_

Provincial Sales Tax # (including MRDT): \_\_\_\_\_

**2 ADDRESS CHANGE** – Check (✓) applicable change(s) and complete the information below

EFFECTIVE 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): \_\_\_\_\_

Delete Branch Location(s): \_\_\_\_\_

Change Address To (include postal code): \_\_\_\_\_

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

EFFECTIVE 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.

CONTACT NAME (type or print)	TITLE	TELEPHONE NUMBER (     )
SIGNATURE	DATE SIGNED YYYY / MM / DD	

**X**