



APPLICATION FOR REGISTRATION FOR PROVINCIAL SALES TAX (PST) SUPPLEMENTARY

under the Provincial Sales Tax Act

GENERAL INSTRUCTIONS

- Use this form if you require extra space to enter additional partner information, or business and/or firm information under Item 1 or Item 6 of the FIN 418, Application for Registration for Provincial Sales Tax (PST).

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the Provincial Sales Tax Act, and with respect to the retailers who sell tobacco and/or coloured fuel, the Tobacco Tax Act and the Motor Fuel Tax Act, under the authority of these Acts and section 26 of the FOIPPA. Questions about the collection, use or disclosure 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)

PRIMARY CONTACT INFORMATION
BUSINESS NAME CONTACT NAME BC INCORPORATION NO. OR BUSINESS NO.

ADDITIONAL PARTNER INFORMATION
LAST NAME FIRST NAME MIDDLE NAME DRIVER'S LICENCE OR BCID NO.
(Repeating table with 6 rows)

ADDITIONAL BUSINESS OR FIRM INFORMATION
BUSINESS OR FIRM NAME LIQUOR LICENSE NO. (if applicable) FIRM NO. (if applicable)
BUSINESS OR FIRM ADDRESS (include street, city, province/state and country) POSTAL / ZIP CODE
(Repeating table with 6 rows)