

**APPLICATION FOR REGISTRATION
BY A CORPORATION UNDER THE INCOME TAX ACT (MANITOBA)
TO OPERATE IN THE PROVINCE OF MANITOBA IN THE BUSINESS OF
INCOME TAX REBATE DISCOUNTING FOR THE 2019 INCOME TAX YEAR**

Name of Business _____

Physical address of Business (Must not be a PO Box, Postal Station, or General Delivery) _____

**8-digit federal
discounting code**

Include all branch offices (attach a separate sheet if necessary): _____

Telephone # _____ - _____ - _____ Email _____

Date of Application _____

Corporation (or Holding or Parent Company):

Name _____

Mailing Address _____

Place and Date of Incorporation _____

Registered Office _____

Date of Commencement of Business in Manitoba _____

Designated Representative:

Name _____

Office _____

Mailing Address _____

Email _____

DO HEREBY DECLARE:

1. That I am the president (or vice-president or secretary or manager) of _____ and have a knowledge of the facts herein declared. NAME OF BODY CORPORATE
2. That a true copy of the articles of incorporation and amendments thereto of the said body corporate are registered with the Province of Manitoba, Department of Finance, Consumer and Corporate Affairs.
3. That the statements made in the application for registration are true.

And, I (We) make this solemn declaration conscientiously believing it to be true.

SIGNATURE OF APPLICANT

REGISTRATION FEE FOR 2019 INCOME TAX YEAR

Basic Fee (includes main location)	\$2,000
Location Fee: Number of additional locations _____ x \$300 = \$ _____	
Total Registration Fee (payment attached)	\$ _____

Make cheque or money order payable to:

Minister of Finance,
c/o Manitoba Tax Assistance Office,
809-386 Broadway,
Winnipeg, MB R3C 3R6

Phone – (204) 948-2115 or Toll Free 1-800-782-0771
Email: TAO@gov.mb.ca, Fax: 204-948-2263

FOR DEPARTMENTAL USE ONLY

Date Received _____ Registration # _____

Accepted for Registration by Manitoba Finance on _____