



NOTICE OF BUSINESS CHANGE FORM

CHANGE OF BUSINESS ADDRESS

Please check applicable box:

HEAD OFFICE

BRANCH OFFICE

Retail Registration #		Wholesale Registration #		Branch Registration #	
Name of Registrant					
Current Address			Phone ()		Fax ()
			Toll free		e-mail
City		Province	Postal Code 		Website

NOTE: If the new business address is a home address, a letter from the municipality allowing you to operate a travel business from this location must be attached to this form and must acknowledge the Terms and Conditions for Operating from a Dwelling.

New Address - effective date: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential			New Phone ()		New Fax ()
			Toll free		e-mail
City		Province	Postal Code 		Website

I certify that the information given on this return and in any attached documents is, to the best of my knowledge, true, correct and complete in every respect, and that I am the registrant, or that I am authorized to sign on behalf of the registrant. **WARNING It is a serious offence to provide false information on this form.**

Signature of Registrant or
Authorized Officer/Director

Print Name

Date mm/dd/yyyy