



# NOTICE OF BUSINESS CHANGE FORM

## CHANGE OF FINANCIAL INFORMATION

Please check applicable box:

CHANGE OF BANK       NEW OR ADDITIONAL BANK       NEW YEAR END

|                       |                          |                       |
|-----------------------|--------------------------|-----------------------|
| Retail Registration # | Wholesale Registration # | Branch Registration # |
| Name of Company       |                          | Phone #               |
| Address               |                          | Postal Code           |

## CHANGE OF BANK or BANK ACCOUNTS

|                                  |                                |
|----------------------------------|--------------------------------|
| Old Bank Name                    | Address                        |
| Old Trust Account # (Canadian)   | Old Trust Account # (Canadian) |
| Old General Account # (Canadian) | Old General Account # (US)     |

Note: TICO requires a letter from your new bank, on bank letterhead stating the new account(s) number(s) and type. Please make sure that your trust account(s) are designated as ***“Travel Industry Act Trust Account”***.

|                                  |                            |
|----------------------------------|----------------------------|
| New Bank Name                    | Address                    |
| New Trust Account # (Canadian)   | New Trust Account # (US)   |
| New General Account # (Canadian) | New General Account # (US) |

Please note as per Section 27(4) of Regulation 26/05 - No registrant shall maintain more than one trust account without the Registrar’s written consent, obtained in advance.

## CHANGE OF FINANCIAL YEAR END – Please provide a letter of approval from Revenue Canada

|              |              |                           |
|--------------|--------------|---------------------------|
| OLD YEAR END | NEW YEAR END | EFFECTIVE DATE MM/DD/YYYY |
|--------------|--------------|---------------------------|

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