



FOR CASHIER USE ONLY

Receipt #

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CIN#

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APPLICATION FOR CERTIFICATE OF GOOD STANDING

Section 35 of the Inland Revenue Department Act R.S.A. c 113

Please indicate the PURPOSE of certificate (tick appropriate box):

- Land Transfer Work Permit Banking Purposes Passport Bid Permanent Residence Naturalisation
- Belonger Status Other _____

APPLICANT INFORMATION

Complete Section A) if applicant is an individual OR section B) if the applicant is a non-individual (e.g. Business, Church, NPO etc.)

A) Name of Applicant if INDIVIDUAL (first and Last)

Date of Birth of Applicant Is Individual Deceased? Yes No

B) Name of Applicant if NON-INDIVIDUAL

Mailing Address of Applicant

Physical Address of Applicant

Email Address of Applicant

Telephone # of Applicant

AGENT INFORMATION

IF APPLICATION IS BEING MADE ON BEHALF OF ANOTHER INDIVIDUAL OR IN THE CASE OF A NON-INDIVIDUAL, PLEASE STATE YOUR NAME AND PHONE NUMBER IN THE SPACE PROVIDED BELOW. PLEASE ALSO PROVIDE WRITTEN AUTHORIZATION ALLOWING YOU TO ACT AS AGENT TO THE APPLICANT.

Name of Agent

Telephone # of Agent

I hereby declare that the particulars stated in this application are true and correct.

Signature

D	D	M	M	Y	Y
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Date of Application

OFFICIAL USE ONLY

Account Verification Checklist

Select if Applicant is in Good Standing

I certify that the applicant is not in arrears with respect to any taxes, fees, licenses or other charges

Select if Applicant is in arrears

I certify that the applicant is in arrears with respect to the following:

- | | |
|---|-----------------|
| <input type="checkbox"/> Property Tax | \$ _____ |
| <input type="checkbox"/> Business License Fee | \$ _____ |
| <input type="checkbox"/> Water Rates | \$ _____ |
| <input type="checkbox"/> Leases | \$ _____ |
| <input type="checkbox"/> Accommodation Tax | \$ _____ |
| <input type="checkbox"/> Company Filing Fees | \$ _____ |
| <input type="checkbox"/> Tourism Marketing Levy | \$ _____ |
| <input type="checkbox"/> Interim Stabilisation Levy | \$ _____ |
| <input type="checkbox"/> Dishonoured Cheques | \$ _____ |
| <input type="checkbox"/> Other (Specify) | \$ _____ |
| TOTAL ARREARS | \$ _____ |

Action Taken

Payment Plan Agreement Entered Into

Date Entered Into:

D	D	M	M	Y	Y
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Payment Plan Agreement #: _____

Arrears Collected In Full

Customer Being Recommended for Audit

Certificate Prepared By (officer name):

Signature: _____

Approved by (management name, in case of arrears):

Signature: _____

D	D	M	M	Y	Y
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Date Prepared