

APPLICATION FOR EFILE ON-LINE SERVICES AND THE SYSTEM FOR ELECTRONIC NOTIFICATION OF DEBT (SEND)



- Use this form to apply to become an electronic filer of returns for individuals using the Internet.
- This form also serves as your application to use the System for Electronic Notification of Debt (SEND).
- Each business location has to file a separate application.

Identification

Name of proprietorship, partnership, or corporation _____ Business name (if applicable) _____

Permanent mailing address _____ Business address (e.g., kiosk location) _____

Internet email address (if applicable) _____

Contact person _____ Telephone number () _____ Fax number () _____

Discounter code (if applicable) _____

In which official language do you want to receive correspondence? English French

Business information

Tick (✓) the appropriate box to indicate your type of business, and complete the areas that apply.

Note: A franchise is a separate legal entity, and we do not consider it a branch office for EFILE purposes.

- Proprietorship – Complete A and D.
- Corporation – Complete A and D.
- Partnership – Complete A, C, and D.
- Branch office – Complete A to D.

A Business Number (BN)

B Branch office – Enter the managing office location and telephone number.

C Federal partnership identification number

()
Managing office Efile number

D Name and social insurance number of each applicant. An applicant can be a proprietor, partner, director, officer, controlling shareholder, or branch manager. For more information on the definition of an applicant, see the section called "Suitability screening" at www.ccra.gc.ca/efile. Attach a separate sheet if necessary.

Name Social insurance number

Disclosure

I authorize the Canada Customs and Revenue Agency (CCRA) to release the name, address, and telephone number of my firm or organization to the public.

Yes No

Security

Describe the security methods you will use to protect confidential client information obtained to electronically file returns.

Certification

Name of business official or principal owner (print)

Title or office

I certify that the information given on this form, and any accompanying information, is, to the best of my knowledge, correct and complete. This business and its employees will comply with the CCRA procedures and policies outlined on the CCRA's Web site and will comply with all provisions of the *Income Tax Act* and the *Tax Rebate Discounting Act*. I understand that, if this business is sold or its organizational structure is changed, a new application for electronic filing has to be filed. I also understand that false statements, omissions, or non-compliance may result in immediate suspension of electronic filing and SEND privileges. I am authorized to make and sign this statement for the business.

I understand that I must maintain the confidentiality of my EFILE On-line and SEND password. I agree to advise the CCRA of any loss, suspected loss, or unauthorized disclosure of my password or of client information obtained through SEND or to electronically file returns. I agree to provide the CCRA with a complete description of any incident involving loss or disclosure of my password or of client information as soon as I become aware of any such incident.

Use of SEND

I agree to use SEND to obtain information from the CCRA about my client, solely for the purpose of discounting the client's tax refund or providing a tax preparation service to my client. I understand that any other use of information obtained from SEND is prohibited.

I agree to obtain a properly completed Form T1153 *Consent and Request Form* for each client before accessing SEND. I understand that the consent provided by this form is valid for a period of no more than 180 days. I understand and accept that each completed Form T1153 is the property of the CCRA and that I have to keep each form on file for the three years that follow the last day of the tax year in which the form was signed.

I agree not to hold or attempt to hold the CCRA liable for any error, discontinuance, or delay of SEND service, nor for any refusal of access or suspension of access to SEND.

Signature of business official or principal owner

Date

Note

- Tell your EFILE HELP DESK as soon as any of the information you provided on this form changes.
- Mail, fax, or take this completed application to your Tax Centre's EFILE HELP DESK.