



Application and Agreement to Obtain a Discounter Code / Discounter Direct Deposit Enrolment

Complete this form using the instructions in the T4163, Guide for Discounters.

Part A

Tick (✓) the appropriate box: <input type="checkbox"/> First request <input type="checkbox"/> Change	Discounter code
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Part B

Part C

Discounter's name (as it will appear on the notice of assessment)

Part D

Permanent mailing address	Discounting operation address
Telephone number	Telephone number
Email address	

Part E

Legal business name	EFILE number
	Business number

Part F

In which official language do you want to receive correspondence?	<input type="checkbox"/> English	<input type="checkbox"/> French
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Part G

Name(s) and social insurance number(s) of the proprietor, branch manager, partner, director, officer, controlling shareholder and any person having management and control of any of the applicants (example: district or regional manager). If you need more space below, attach a separate sheet of paper. All names listed on the EFILE application must be the same names identified in this part.	

Part H

Type of business – Indicate the type of business for which this discounter code is being requested for. Tick the appropriate box:				
1. <input type="checkbox"/> Company-owned location/Corporation	3. <input type="checkbox"/> Agent location (N/A)	4. <input type="checkbox"/> Sole proprietorship	5. <input type="checkbox"/> Partnership	
2. <input type="checkbox"/> Franchise location (provide parent company's name)	▶ _____			

Part I

Certification and agreement		
<p>I certify that the information given on this form and in any attached documents is correct and complete. The business, including without limitation, its officers, directors and employees will comply with all provisions of the Tax Rebate Discounting Act, the Canada Revenue Agency (CRA) procedures and policies contained in the Guide for Discounters as well as the information for discounters webpage on the CRA website at canada.ca/discounters. The business, including without limitation, its officers, directors and employees shall ensure that they take such actions as are necessary to keep themselves informed of any changes to these procedures and policies by consulting our webpage on a regular basis, but in any event no less often than quarterly.</p> <p>I acknowledge having read and understood the terms and conditions described in the Guide for Discounters that is available on the CRA website at canada.ca/discounters and I understand that false statements or non-compliance with this agreement may result in immediate suspension of my discounter code. I am authorized to complete and sign this form, and I personally accept responsibility for matters related to the discounting activities of this location.</p>		
_____	_____	_____
Discounter's name (print)	Signature	Date

Do not use this area.

Date received	Discounter code	Date processed
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