GST DIRECT INSTRUCTIONS

Please fill out the fields on the next page. The fields will auto-fill into the GST form.

Then print the GST Form, page three, on the NAME OF IMPORTER'S Letterhead.

The Business Number is nine digits and is in this format; XXXXX XXXX RMXXXX. If you have any questions on how to fill out this form, please contact BCB Canada at 905-871-1884.

Best regards, BCB Canada

COMPANY NAME / IMPORTER	
FULLCOMPANY ADDRESS - STREET, CITY, PROV/ST, ZIP	
CITY	
PROVINCE / STATE	
DOCTAL CODE (TIP	
POSTAL CODE / ZIP	
MUNICIPALITY	,
TITLE OF OFFICER	
TITLE OF OFFICER	
OFFICER'S NAME	
DATE: MM/DD/YYYY	
Email:	
Phone number:	
Fax number:	
Business Number :	

Date			
	is a reside	ent of Canada.	
The business number (9 di	igits) of	is	·
BCB Canada will release a account security number 1	and account for imports by 0694.		under the broker's
BCB Canada and		agree that:	
the full amount of the Goo		ral portion of the Harmonized Sales	rectly, by the last business day of the month, Tax (HST) levied under the Excise Tax Act on t security of BCB Canada
5-1, Payment of Duties an most cases, payment is to	d Taxes on Imported Commercial Goods	s. Payments must comply with the duere Memorandum D17-5-1 still allo	eadline as outlined in CBSA Memorandum D17- eadline as outlined in this Memorandum. In the bws importers to pay by cheque, it is to be made e to the CBSA by the payment due date.
resulting from any late pay		ayment to the CBSA, by the due da	enalties and interest applied by the CBSA te, will result in the application of penalties and
	one-year period.		cannot be on the GST Direct Payment Option once again from the option program after one
			vices of a licensed customs broker to transact amentation, payment of all duties and taxes, and
			la Revenue Agency (CRA) regarding collection ormation on these transactions to the CRA.
	authorizes the release BCB Canada should be directed to:	of information by the CBSA pertain	ning to their
should be directed to:	letter and the payment of GST/HST on in	mported goods by	
Contact name:			-
Title:			-
Address:			-
Telephone:			-
Email:			-
Fax number:			-
Signed (Importer)	Signed	d (Broker- BCB Canada)	
Signatory Name	Title	(please print)	
Name of Importer			