



Ministry of Revenue
33 King Street West
PO Box 627
Oshawa ON L1H 8H5

Change of Address

Complete all applicable sections, print clearly and mail to the ministry.

Effective date of change year month day
Ministry account(s) <i>(as applicable)</i> RST Vendor Permit no.
Employer Health Tax no.
MFTT Reference no.
IFTA Registration no. ON
Provincial Land Tax no.
Corporations Tax no.
Other <i>(specify)</i>

Name		
Care of <i>(if applicable)</i>		Federal Business no.
New address		
Unit no.	Street no.	Street name
Town/City	Province/State	Country
		Postal / Zip Code
Telephone no. <i>(include area code)</i>		Extension
		Fax no.
New mailing address <input checked="" type="checkbox"/> <i>if same as above</i> or ▼		
Unit no.	Street no.	Street name
Other postal information – RR no. / PO Box / etc.		
Town/City	Province/State	Country
		Postal / Zip Code
Authorized person		
Name <i>(please print)</i>	Title <i>(if applicable)</i>	Signature