



NOTICE OF BUSINESS CHANGE FORM

CHANGE OF BUSINESS ADDRESS

Please check applicable box:

HEAD OFFICE

BRANCH OFFICE

| | | | | | |
|-----------------------|----------|--------------------------|-----------------|-----------------------|---------------|
| Retail Registration # | | Wholesale Registration # | | Branch Registration # | |
| NAME OF REGISTRANT | | | | | |
| Current Address | | | Phone () | | Fax () |
| | | | Toll free | | e-mail |
| City | Province | Postal Code | Website | | |

NOTE: If the new business address is a home address, a letter from the municipality allowing you to operate a travel business from this location must be attached to this form and must acknowledge the Terms and Conditions for Operating from a Dwelling.

| | | | | | |
|-------------------------------|----------|-----------------|---------------------|--|-------------------|
| New Address - effective date: | | | New Phone () | | New Fax () |
| | | | Toll free | | e-mail |
| City | Province | Postal Code | Website | | |

I certify that the information given on this return and in any attached documents is, to the best of my knowledge, true, correct and complete in every respect, and that I am the registrant, or that I am authorized to sign on behalf of the registrant.
WARNING It is a serious offence to provide false information on this form.

 Signature of Registrant or
 Authorized Officer/Director

 Print Name

 Date mm/dd/yyyy