## Tax Exemption Certificate request



**Province of** 

exemption\*

( ) ON

() QC

() MB

Fill out the form below and submit it along with a copy of your official document (e.g., front and back of Certificate of Indian Status or Diplomat card, valid temporary status letter, government, Indian band or business exemption document).

Bel



Date of application:

Please write clearly and then review your request for accuracy. If the information is illegible or incomplete, your request may not be processed.

Information about	apŗ	olica	ant																									
Business name (if applicable)		I														_1	1		1									
Last name*		ı														_1												
First name*		<u>l</u>	I	I	l	l		I		1		I	Į	l	I	Į	I	l	l	I	l	1	I	l	I	I	I	1
Mailing address* (street number, street)	)														<b>Uni</b> (hoւ	<b>t or</b> use #	apaı or lo	<b>tme</b> t	nt o not e	r res a civic	; <b>erv</b> ; ada	<b>e</b> Iress)	)					
<b>City*</b> (and/or reserve name,	)														Pro	ovinc	e*											
Postal code* (A9A 9A9)											En	nail																
Telephone								Mailing address is the same as the service address* Yes No																				
Service address _																												
Business name (if applicable)		<u>.                                    </u>													J		I	L	Į									
Last name*	]	<u>.                                    </u>	<u>I</u>				<u> </u>								1	1	1	1	1	1	<u> </u>			<u> </u>				
First name*		1	1	1	1	1	1	1	I	1	1	1	1	1		1	I	1	1	1	1	1	1	1	1	1	1	1
Service address* (street number, street)											<b>Unit or apartment or reserve</b> (house # or lot # if not a civic address)																	
City* (and/or reserve name)											Province*																	
Postal code* (A9A 9A9)											En	nail																
Telephone	_		_																									
Exemption information	atio	n_																										
Certificate number (if applicable)	r/ Ba	and	#*																									

BC

() SK

) PE

NL/NS/NB

() AB

NT/NU/YT

Exemption in	formation (cont'd)
Type of certificate*	○ First Nation - Individuals ○ Diplomat ○ Business ○ Government ○ Reseller
	First Nation - Business
	First Nation - Band
	O Other: (please specify)
Type of service*	Personal (Mobility)
	O Personal (BRS - Bell Internet/TV/Home Phone)
	Small and medium business (First Nations business services)
	O Large business (enterprise/public sector/resellers/special billing)
Type of tax exemption	HST GST PST QST
Certificate ex (YYYY-MM-DD) enter 2049-12-3	) If there is no expiry date,
Bell account i	nformation*
Please provide	e all account numbers that apply: Internet B1 account, TV account, Mobility account, Paging account or Home phone number.
OneBill/ My E	Bill account number
Billing accou	Int number Billing account number ( <i>if applicable</i> ) 2
Dilling access	
Billing accou	Int number (if applicable) 3 Billing account number (if applicable) 4
Billing accou	Int number ( <i>if applicable</i> ) 5 Billing account number ( <i>if applicable</i> ) 6
	tion
Order numbe	۲ <b>۲</b>
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