

BUSINESS NAME: _____

EMPLOYER'S NUMBER: _____

ADDRESS: _____

CITY / POSTAL CODE: _____

DATE: _____

SECTION 5.01 - REFERENCE YEAR

1) Period extending from 1 May of the preceding year to 30 April of the current year

OR

2) Calendar year (January to December)

OR

3) Collective agreement (specify the dates and union name)

from _____ to _____

Union: _____

NOTE: Your choice will stay effective during the term provided for in section 9.01.

⇒ THIS DOCUMENT MUST BE SIGNED BY AN **ADMINISTRATOR, OWNER OR PARTNER OF THE BUSINESS** AND BE RETURNED BY EMAIL : **formulaire@cpasecurite.qc.ca**

Type of business : business corporation sole proprietorship general partnership (s.e.n.c.)
other _____

Name (block letters)

Signature