

REGISTRATION UPDATE - **RMP** RAPPORT MENSUEL DE PAIE EN LIGNE

DATE : \_\_\_\_\_

BUSINESS NAME : \_\_\_\_\_

**APPLICANT INFORMATION**

FIRST & LAST NAMES : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

**ADDITION**

**USER INFORMATION** CHEK IF SAME AS APPLICANT

FIRST & LAST NAMES : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

**LEVEL OF ACCESS :**

create / modify the monthly report  sign / send the monthly report

**REMOVAL**

**USER INFORMATION**

FIRST & LAST NAMES : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

⇒ 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 (please print)

\_\_\_\_\_  
signature

RESERVED FOR CPAS

# D'EMPLOYEUR : \_\_\_\_\_

APPROUVÉ PAR : \_\_\_\_\_