



SERVICES RENDERED IN CANADA BY NON-RESIDENTS
UNDER REGULATION 105, INCOME LESS THAN \$5,000.00
(IF THERE IS MORE THAN ONE (1) INDIVIDUAL IN
BAND/GROUP PLEASE PHOTOCOPY THIS FORM FOR
MULTIPLES)

PLEASE PRINT IN ALL CAPITAL LETTERS

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

SSN OR FOREIGN SECURITY NUMBER _____

DATE OF BIRTH _____

DATE(S) OF ENGAGEMENT(S) _____

GROSS AMOUNT PAID (CDN, US) _____

Expenses reimbursed or paid on your behalf (airfare, hotel accommodations, meals)

I, _____ do hereby declare that my total income earned in Canada
during _____ (year) will not exceed \$5,000.00 (Canadian Dollars).

Please sign and date