



**SIN SUBMISSION FORM**

**First name:** -----

**Last name:** -----

**CPA ID number:** -----

**Canadian SIN:** -----

I hereby authorise National Payroll Institute to use the above SIN  
As per Subsection 237(1) of the Income Tax Act [CRA Subsection 237\(1\)](#).

**Signature of SIN holder:** -----

**Date:** -----

Only NPI employees that require your SIN to perform their job will have access.  
Your information is secure under the [Freedom of Information and Protection of Privacy Act](#)

Complete the form and fax it to:

Certification Department  
Fax: 416-487-3384