



Ontario's Vehicle Sales Regulator

65 Overlea Boulevard, Suite 300, Toronto ON M4H 1P1
Tel: 416-226-4500 Toll Free: 1-800-943-6002
Fax: 416-512-3701 email: registration@omvic.on.ca
Web Site: www.omvic.on.ca

For office use only
Reg #: _____
W- ID: _____
A- ID: _____

ADDITIONAL INDIVIDUALS FOR BUSINESS SUPPLEMENT

This form may be used only as a supplement. Complete and submit this form with a Business Application or Business Change Notice - Individuals application when you require additional space to identify individuals. Please note: upon review we may require the submission of additional applications, documents, financial information, records or questionnaires regarding individuals/organizations named in this form.

If this application relates to a renewal you've submitted online, kindly provide your Reference Number: _____

ADD Officers, Directors, Shareholders, Partners, Sole Proprietors and Signing Authorities:

Form for individual 1: First Name, Middle Name, Last Name, Gender, Birth Date, Registration Number, Position (Officer, Director, Shareholder, Partner, Sole Proprietor, Bank Signing Authority, Trust Signing Authority, Dealership Signing Authority)

Form for individual 2: First Name, Middle Name, Last Name, Gender, Birth Date, Registration Number, Position (Officer, Director, Shareholder, Partner, Sole Proprietor, Bank Signing Authority, Trust Signing Authority, Dealership Signing Authority)

First Name: _____
 Middle Name: _____
 Last Name: _____
 Gender: M F
 Birth Date (YYYY/MM/DD): ____ / ____ / ____
 Registration Number (if applicable): _____

Position (check as many as apply):
Corporations must have officers, directors and shareholders.
 Officer Director Shareholder
 Partner
 Sole Proprietor
 Bank Signing Authority
 Trust Signing Authority
 Dealership Signing Authority

First Name: _____
 Middle Name: _____
 Last Name: _____
 Gender: M F
 Birth Date (YYYY/MM/DD): ____ / ____ / ____
 Registration Number (if applicable): _____

Position (check as many as apply):
Corporations must have officers, directors and shareholders.
 Officer Director Shareholder
 Partner
 Sole Proprietor
 Bank Signing Authority
 Trust Signing Authority
 Dealership Signing Authority

First Name: _____
 Middle Name: _____
 Last Name: _____
 Gender: M F
 Birth Date (YYYY/MM/DD): ____ / ____ / ____
 Registration Number (if applicable): _____

Position (check as many as apply):
Corporations must have officers, directors and shareholders.
 Officer Director Shareholder
 Partner
 Sole Proprietor
 Bank Signing Authority
 Trust Signing Authority
 Dealership Signing Authority

 Print Name of Authorized Individual/Employer

 Signature of Authorized Individual/Employer

Date Signed (YYYY/MM/DD): ____ / ____ / ____

 Position of Authorized Individual

 Name of person who completed/translated this application, if different from the authorized individual/employer