



SIN Submission Form

First Name: _____

Last Name: _____

CPA Number: _____

Canadian SIN: _____

I hereby authorize The Canadian Payroll Association 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 CPA 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