WSIB Account	(5	55	5		N	1.		
Registration	S U	сс	ES	S	DI	RIV	EI	N •••
Worksheet								

Company Legal Name						
Operating Name						
Physical Address						
CRA Address						
Telephone	Email					
Business Number	Ownership Type					
Nature of Business						
Owner Name (Mr/Ms)						
Date of Birth	No. of Workers					
Date of First Hiring	Estimated Annual Wages					
Is there any branch OYES ONO						
Is WSIB registration as a result of purchase of business or bankruptcy? O YES O NO						
Do any owner, partner or excutive had WSIB account before? O YES O NO						
Are you associated with another employer? O YES O NO						
Notes						