

200-1881 Scarth Street Regina SK S4P 4L1 www.wcbsask.com Tel: 306.787.4370 Toll free: 1.800.667.7590 Fax: 306.787.4205

Toll free fax: 1.877.220.1671 Email: employerservices@wcbsask.com **ACF**

Account Closure/Sale form

Please complete if your business has had a change in ownership, sold, closed or is no longer operating in Saskatchewan.

Section 1: Business in	nformation										
Business name:		Account number:									
Business phone number	r:	(Cell number:								
Email address:											
Contact information (who may we contact for	additional in	formation	n if required)							
First name:	phone number: Cell number: dress: information (who may we contact for additional information if required)										
Phone number:	Cell number:		Email:								
What Address should the Final Statement of Account be mailed to:											
Address:		City:		Prov:	Postal code:						
Section 2: Reason for	r completing this form										
Effective date of change	e (mm/dd/yyyy):										
Will you continue opera	tion in Saskatchewan?	☐ Yes ☐	☐ No								
Please check at least one of the following reasons why the account is to be closed:											
Sale - Share			Bankruptcy/Consumer proposal								
☐ Asset		Т	Trustee firm name:								
☐ Stopped employing workers or contractors			Trustee name:								
☐ Amalgamation/Restructure			Address:								
			City/Prov./PC:								
			Email:								
Purchaser information	า										
Business name (after sa	ale):										
Purchaser's name:											
Relationship to seller:	Family member 🗌 🤝 Sp	oouse/partner	В	Business partner 🗌	No relationship ☐						
Purchaser's address:		City:		Prov:	Postal code:						
Contact name:			Contact phone number:								
Email address:											



Section 3 Workers' wages

Please include directors who receive T4 in actual wages.

Section 4: Optional personal coverage List below the person whose personal coverage will be cancelled or continued. Industry code	<u>-</u>		re deductions, per worker per	- , ,	l			ım \$94,440	
List below the person whose personal coverage will be cancelled or continued. Industry code Name(s) Coverage amount Coverage cov Continue coverage cov Contract Section 5: Contractors to be reported Contract year Name of contractor and address Description of work Section 6: Additional information Section 7: Declaration Read carefully By submitting this form, I certify and declare the following: that all the information provided is true, complete, and correct to the of my knowledge; I am authorized by, and on behalf of, the business to make this declaration; I fully understand the content, it requirements of the submission, and that the WCB will use and rely on this information in the management of our business are large to the submission, and that the WCB will use and rely on this information in the management of our business are personnelliting and offence and may be liable to statutory penalty criminal prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information. Signature: Name: (please print) Date: Position:	Year	Industry code	Descr	iption	Actual wages		Estimat	ed wages	
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Date: Position:	-	secution it I make a	ny raise statement, provide any false	e or misieading informati	on, or omit to	provide	any rele	vant	
Date: Position:	Signature		Mon	no: (plagge print)					
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Phone number: Email:									