

Declaration of Nova Scotia Residency

The Department will use and disclose personal information only in accordance with the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. To correct or access your personal information you may contact the Department Information Access and Privacy Manager at LAEaccess@gov.ns.ca or (902) 424-8472.

Full Name (please print): _____

Nova Scotia Address: _____

City/Town: _____

Postal Code: _____

Home phone: _____

Cell phone: _____

I declare that I have met Canada Revenue's residency requirements/criteria for Nova Scotia for the year ending December 31, 20_____.

Signature: _____

Signed this day: _____(day) of _____(month) of _____(year).

Witness:

(Must be a Notary Public or Commissionaire of Oaths)

Name: (print)

Signature:

Date: _____ Seal: