PROTECTED B (when completed)

ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION
FOR DAILY NOTICE (DN) AND STATEMENT OF ACCOUNT (SOA)

| New ☒ | Update ☐ | | Date (yyyy/mm/dd) | |

Please read instructions provided on page 4

Section 1 - EDI DN and SOA Application

Select one line of business that applies to this EDI DN and SOA application.

☒ Importer ☐ Broker ☐ Consultant ☐ Carrier ☐ Warehouse Operator

| If importer selected, are you on the Importer Direct Security (IDS) or GST direct program? Indicate which one. | ☐ | IDS | ☐ | GST |

Section 2 - Company Profile

Legal Company Name	Operating/Trade Name

Business Number (BN)

If you selected customs <u>broker, consultant, carrier or warehouse operator</u>, provide your BN9. If you selected <u>importer</u>, provide your business number and RM account (BN15).	

CBSA-issued Client Identifier

Account Security Number - If you selected importer, broker or consultant, provide your account security number. If you do not have an account security number, leave blank.	
Carrier Code - If you selected carrier, provide your carrier code.	
Sublocation Code - If you selected warehouse operator, provide your sublocation code.	

Head Office Address

Number and Street	City	Province/State Code	Country Code	Postal/Zip Code

Business Office Address (If different from the Head Office Address)

Number and Street	City	Province/State Code	Country Code	Postal/Zip Code

Contact Information

Last Name	First Name	Title

eMail	Telephone:	Fax:

| Language Preference | ☐ | English | ☐ | French |

Section 3 - Authorize a Customs Broker (Optional – to be completed by importers who wish to direct their importer DN and SOA to a customs broker).

If you authorize a customs broker, you have the option of directing your importer statements to your broker through his EDI connection.

Complete this section if you have contracted the services of a licensed customs broker to receive information from, and transact with the CBSA on your behalf. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA remains your sole legal responsibility regardless of whether a customs broker is used. It is your legal responsibility to advise the CBSA should/when you wish to cancel authorization for this customs broker.

If you have questions regarding the sections 6 to 9, your customs broker should assist you.

Legal Company Name	Operating/Trade Name	CBSA Identifier of the Customs Broker (BN9)
Frontier Supply Chain Solutions Inc.		841109721

Contact Information

Last Name	First Name	Title
Clouston	Jennifer	Assistant Controller (Ext. 112)

eMail	Telephone:	Fax:
jclouston@frontierscs.com	204-784-4800	204-594-1975

Do you authorize the CBSA to release specific customs information to this customs broker?[*]	☒	Yes	☐	No
Do you designate this customs broker to receive the copy of your Daily Notice and your Statement of Account?	☒	Yes	☐	No
Language Preference	☒	English	☐	French

*Customs information released under this consent will include any information related to your EDI client profile, any CBSA response to information transmitted by any customs broker on your behalf; any prescribed information required by the CBSA during monitoring or audit functions and, with the appropriate designation, may include your Daily Notice and your Statement of Account. **Please obtain your customs broker's permission prior to providing this authorization.**

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Canada Border Services Agency — Agence des services frontaliers du Canada

Section 4 - Authorize Receipt of Importer Statements (Optional – to be completed by brokers only)

List the BN15 of the clients (importers) for whom you will receive importer statements:	

This option is only available for importers that do not have an EDI connection.

All importers identified by their BN15 in this section must also complete this form in order to provide CBSA the authorization to release the DN and SOA information to the customs broker identified in Section 2 above.

Section 5 - Authorize a Third Party Service Provider

Complete this section if you have contracted the services of a third party service provider to set up your EDI client profile and/or receive prescribed information from the CBSA on your behalf. A service provider may be any third party with whom you contract for this purpose and need not be a licensed customs broker. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA remains your sole legal responsibility regardless of whether a third party service provider is used. It is your legal responsibility to advise the CBSA should/when you wish to cancel authorization for this service. If you have questions regarding the sections 6 to 9, your third party service provider should assist you.

Legal Company Name	Operating/Trade Name
DESCARTES VISUAL COMPLIANCE	**VISUAL COMPLIANCE**

Contact Information

Last Name	First Name	Title
CONSTANZO	**PAUL**	**MANAGER**
eMail	Telephone:	Fax:
ARLSETUP@descartes.com	4166303000	4166303300

Do you authorize the CBSA to share your customs information with this third-party service provider? *	☒	Yes	☐	No

Language Preference	X	English	☐	French

*Customs information released under this consent will include any information related to your EDI client profile, any CBSA response to information transmitted to it by this third party service provider on your behalf, your Daily Notice and your Statement of Account, and any prescribed information required by the CBSA during monitoring or audit functions.

Sections 6 to 9 are to be completed with the assistance of your customs broker, your third party service provider or your IT support.

Section 6 - Format

Indicate your preferred format to receive your DN and SOA.	☒	CADEX	☐	EDIFACT	☐	XML
If you have chosen CADEX, during the test period, we can transmit documentation in CADEX and another format. If you are interested in this option, select Yes and your choice of secondary format.	☒	Yes	☐	EDIFACT	☒	XML
CADEX Format - Provide transmission site and account security number (if applicable). If you do not have an account security number, only provide transmission site.	**U46938W1, ASEC = 12237**					
EDIFACT Format - Complete Section 9.						
XML Format - Provide Qualifier for SOAP Protocol (Optional).						

Section 7 - Software

Provide information about your software

Will you be using proprietary software to receive customs information electronically?	☒	Yes	☐	No
If you have checked no above, provide the name of software provider	**DESCARTES VISUAL COMPLIANCE SOFTWARE**			

Section 8 - Communications Protocol Method

Identify the communications protocol method that you intend to use or that the authorized customs broker and/or third party service provider is to use. You may select one of the communication protocol methods to receive customs information from the CBSA.

More information on the approved communication methods may be found at www.cbsa-asfc.gc.ca/eservices/comm-eng.html.

Section 8a - Customs Internet Gateway (CIG)

Will you be using the Customs Internet Gateway?	☐	Yes	☐	No
Certificate Number in Production		Certificate Number in Testing		

Section 8b - Direct Connect (MQ Messaging)

Will you be using Direct Connect?	☒	Yes	☐	No
Direct Connect Name in Production		Direct Connect Name in Testing		
MSR DIRECT CONNECT				

Section 9 - Electronic Data Interchange (EDI) Envelope Information (only applies to EDIFACT format)

Interchange Identification in Production (UNB)	Interchange Identification in Testing (UNB)
U46938W1	
Application Identification in Production (UNG)	Application Identification in Testing (UNG)
U46938W1	

Section 10 - Remove a Company Contact

Last Name	First Name	eMail

Section 11 - Remove a Customs Broker

Complete this section if you wish to cancel authorization for this customs broker.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Customs Broker (if applicable)

Section 12 - Remove a Third Party Service Provider

Complete this section if you wish to cancel authorization for this third party service provider.

Legal Company Name	Operating/Trade Name

Section 13 - Certification

This form must be signed by an authorized person of the business such as an owner, a partner of a partnership, or a director of a corporation. By signing and dating this form, you authorize the CBSA to deal with the individual(s), or firm(s) listed in Sections 3 and/or 4 of this form.

Language Preference				Telephone	Fax	eMail
☐	English	☐	French			

Authorized Person's Name	Title

Signature	Date (YYYY-MM-DD)

Completed forms can be sent to:

Technical Commercial Client Unit
Program Business System Integration Division
Canada Border Services Agency
355 North River Road, 6th floor, Tower B
Ottawa, Ontario   K1A 0L8

By eMail: CBSA-ASFC_CARM.GCRA@cbsa-asfc.gc.ca

By Fax: 343-291-5482

Instructions

Instructions are provided for each section. Please read them carefully.

This form, duly completed and submitted, is an application to authorize the CBSA to transmit via Electronic Data Interchange Daily Notices and Statement of Accounts under the CBSA Account Receivable Ledger (ARL) Program.

As a legal entity acting as an Importer, Customs Broker, Consultant, Carrier or Warehouse Operator, who holds a valid Business Number and CBSA-issued program identifier (if applicable), you are required to complete this application form to receive your statements electronically.

Complete all relevant sections when submitting a new application. A separate application must be submitted for each line of business and for each service provider/agent that you intend to conduct business with.

Complete Section 1, Section 2 (Legal Name and CBSA-issued client identifier), and all relevant sections when updating an existing electronic client profile.

Complete Section 1, Section 2 (Legal Name and CBSA-issued client identifier), and the relevant Sections 10 – 12 when removing a company contact or authorized agent and/or service provider.

Section 13 – Certification – This section must be completed for all new applications and all updates to existing electronic client profiles. The CBSA must receive a signed document from the company that authorized to receive, including providing authorization to have the statements sent to a Customs Broker or Third Party Service Provider, even if a similar arrangement exists today. If you wish to submit this form electronically, you must print, sign and then scan and send the application to the email address provided on this form.

Section 1 - EDI DN and SOA Application	
New or Update	**This form is for existing EDI clients or new EDI clients who wish to receive Daily Notice (DN)/Statement of Account (SOA) electronically. This form is not required for clients importing goods under the CSA program.**
Date of Application (yyyy/mm/dd)	Enter the date that you completed the application.
Select one line of business that applies to this DN and SOA EDI application	Select one line of business type that you wish to apply for or update. A separate application is required for each line of business. If you choose: • Importer: You (or your broker or service provider) will receive importer DNs and SOAs • Customs Broker: you will receive broker DNs and SOAs, which will have a section on it for each of your clients. • Consultant: You (or your service provider) will receive consultant DNs. • Carrier: You (or your service provider) will receive carrier DNs. • Warehouse Operator: you (or your service provider) will receive warehouse operator DNs.
If importer selected, are you on the Importer Direct Security (IDS) or GST direct program? Indicate which one.	If your broker has put you on the importer direct security program select IDS. If your broker has put you on the GST direct option select GST. Only applicable to importers that are using a broker.
Section 2 - Company Profile	
Legal Company Name	Provide the legal name of the company that you have on file with the CBSA (provided at time of client registration).
Operating/Trade Name	Provide the operating/trade name that you operate under (if applicable).
Business Number	If you selected customs broker, consultant, carrier or warehouse operator, provide your BN9. If you selected importer, provide your business number and RM account (BN15).
CBSA-issued Client Identifier	Provide the client identifier, associated to the line of business selected, assigned by the CBSA at time of client registration. If you choose: • Importer: Provide your account security number. If you do not have an account security number, leave blank. • Customs Broker: Provide your account security number. • Consultant: Provide your account security number. • Carrier: Provide your carrier code • Warehouse Operator: Provide your sublocation code.
Head Office Address	The office identified as the primary office of the business E.g. Where books and records are stored, where President is located, etc.
Number and Street	The street name and type, suite number, post office box number of the head office.
City	Provide the name of the city of the head office.
Province/State code	Provide the two character province or state code of the head office. Please refer to www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608 for a listing of valid Canadian province and US state codes.
Country code	Provide the two character country code of the head office. E.g. CA or US
Postal/Zip Code	Provide the postal or zip code of the head office.
Business Office Address (If different from the Head Office Address)	The office where the day-to-day activities are carried out. If you are a non-resident carrier, please identify a Canadian office if applicable.
Number and Street	The street name and type, suite number, post office box number of the business office.
City	Provide the name of the city of the business office.
Province/State code	Provide the two character province or state code of the business office. Please refer to www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608 for a listing of valid Canadian province and US state codes.

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Country code	Provide the two character country code of the business office. For example CA or US.
Postal/Zip Code	Provide the postal or zip code of the head office.
Contact Information	Provide information of a person within the company that the CBSA may contact regarding this application, testing and production.
Last Name	Provide the last name of an individual within the company that the CBSA may contact.
First Name	Provide the first name of an individual within the company that the CBSA may contact.
Title	Provide the title of the contact person that the CBSA may contact.
Telephone	Provide the telephone number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
Fax	Provide the fax number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
eMail	Provide the email address of the contact person.
Language Preference	Select the language preference of the contact person.

Section 3 - Authorize a Customs Broker

If you authorize a customs broker, you have the option of directing your importer statements to a broker through their EDI connection. Only one broker can be chosen.

Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the importer regardless of whether a customs broker is used. It is the importer's responsibility to advise the CBSA should/when you wish to cancel authorization for this customs broker.

Important note: The broker you identify in this section must also indicate your importer account(s) (your BN15 account number(s)) in their application.

If you have questions regarding the sections 6 to 9, your customs broker should assist you.

Legal Company Name	Provide the legal name of the company that you have contracted to be your customs broker.
Operating/Trade Name	Provide the operating/trade name of the customs broker if applicable.
CBSA identifier of the Customs Broker (if applicable)	Provide the CBSA client identifier that has been assigned to the customs broker
Last Name	Provide the last name of an individual within the customs broker's company that the CBSA may contact.
First Name	Provide the first name of an individual within the customs broker's company that the CBSA may contact.
Title	Provide the title of the contact person that the CBSA may contact.
Telephone	Provide the telephone number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
Fax	Provide the fax number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
eMail	Provide the email address of the contact person.
Language Preference	Select the language preference of the contact person.
Do you authorize the CBSA to release to this customs broker certain of your customs information?	Select Yes if you are authorizing the CBSA to release information about this application and/or your customs information to this company and any individual employed by this company. Refer to Policy Guidelines on the Disclosure of Customs Information, Section 107 of the Customs Act for further information.
Do you designate this customs broker to receive the copy of your Daily Notice and your Statement of Account?	Select Yes if you are designating this customs broker to receive the copy of your Daily Notice and your Statement of Account. Please obtain your customs broker permission prior to provide this authorisation.
Yes should be selected to both two questions above in order for broker to receive statements.	

Section 4 - Authorize receipt of Importers statements (Optional – to be completed by brokers only)

List the BN15 of the clients (importers) for whom you will receive Importer statements:	Customs Brokers receiving Importers' DNs and SOAs on behalf of the importer must list these importers BN15's.

Section 5 - Authorize a Third Party Service Provider

A service provider may be any third party that you contract with that you want to authorize CBSA to transmit information to, or receive information from, on your behalf.

If you have questions regarding the sections 6 to 9, your third party service provider should assist you.

Legal Company Name	Provide the legal name of the company that you have contracted as a third party service provider.
Operating/Trade Name	Provide the operating/trade name of the third party service provider if applicable.
Last Name	Provide the last name of a contact person employed by the third party service provider that the CBSA may contact.
First Name	Provide the first name of a contact person.
Title	Provide the title of the contact person.
Telephone	Provide the telephone number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
Fax	Provide the fax number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
eMail	Provide the email address of the contact person.
Language Preference	Select the language preference of the contact person.

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Do you authorize the CBSA to share your customs information with this third party service provider?*	Select Yes if you are authorizing the third party service provider to receive customs information from the CBSA, and transact on your behalf.

Sections 6 to 9 are to be completed with the assistance of your customs broker, your third party service provider or your IT support.	
Section 6 - Format	
In which format would you like to receive your DN and SOA?	DN and SOA are available in three formats: XML, EDIFACT and CADEX. Select the format in which you want to receive your messages.
If you chose CADEX, would you like to receive your statements, for an interim period of time, in 2 formats (CADEX and either XML or EDIFACT) until you transition fully off of CADEX.	CADEX will be decommissioned by CBSA in the near future. If you would like to receive your statements in 2 formats, until your transitions fully off of CADEX, please select Yes and select the additional format, XML or EDIFACT, in which you want to receive your messages.
CADEX Format	Provide transmission site and account security number (if applicable). If you do not have an account security number, only provide transmission site.
EDIFACT Format	Complete Section 9.
XML Format	CBSA has implemented an OPTIONAL enhancement to the XML message format for EDI DN and SOA by making use of a custom Simple Object Access Protocol (SOAP). This enhancement adds additional routing information to the XML message which facilitates message routing within partners' EDI infrastructure. For additional information on this option contact the CARM mailbox. (CBSA-ASFC_CARM.GCRA@cbsa-asfc.gc.ca)
Section 7 - Software	
Will you be using your own software to create electronic customs information?	This section will allow us to collect information to better serve the business community. Identify whether you have built your own software to submit customs information, whether you have purchased software or will be using your third party service provider's software.
Name of Software Provider	If you have not built your own software, please identify the name of the software and the name of the software supplier that you will be using to receive your customs information. e.g. ABC Software.
Section 8 - Communication Protocol Method	
Identify the communication protocol method that you intend to use or that the authorized customs broker and/or third party service provider is to use. You may select one of the communication protocol methods to receive customs information from the CBSA.	
Section 8a – Customs Internet Gateway (CIG)	
Will you be using the Customs Internet Gateway?	Select yes if you will be using the Customs Internet Gateway to receive your customs information to the CBSA. If yes, please provide the certificate numbers, sender identification and mailbox id.
Certificate number in production	Provide the certificate number that you will be using in production.
Certificate number in testing	Provide the certificate number that you will be using for testing (if applicable).
Section 8b – Direct Connect (MQ Messaging)	
Will you be using a Direct Connect?	Select Yes if you will be using a direct connection to receive your customs information from the CBSA.
Direct Connect Name in Production	Provide the direct connect name in production.
Direct Connect Name in Testing	Provide the direct connect name in testing.
Section 9 - Electronic Data Interchange (EDI) Envelope Information	
Complete this section ONLY if you are using EDIFACT.	
Interchange Identification in Production (UNB)	Provide the interchange identification in production (UNB).
Interchange Identification in Testing (UNB)	Provide the interchange identification in testing (UNB).
Application Identification in Production (UNG)	Provide the application identification in production (UNG).
Application Identification in Testing (UNG)	Provide the application identification in testing (UNG).
Section 10 - Remove a Company Contact	
Last name	Provide the last name of the company contact that you wish to remove.
First Name	Provide the first name of the company contact that you wish to remove.
eMail	Provide the email address of the company contact that you wish to remove.
Section 11 - Remove a Customs Broker	
Legal Company Name	Provide the legal name of the customs broker that you wish to remove.
Operating/Trade Name	Provide the operating/trade name of the customs broker that you wish to remove (if applicable).
CBSA-issued Client Identifier	Provide the CBSA-issued client identifier of the customs broker that you wish to remove.
Section 12 - Remove a Third Party Service Provider	
Legal Company Name	Provide the legal name of the third party service provider that you wish to remove.
Operating/Trade Name	Provide the operating/trade name of the third party service provider that you wish to remove (if applicable).
Section 13 - Certification	
The certification section provides the CBSA with confirmation that all the information within this application is accurate and complete and that all authorizations are approved. We must receive a signed form by the client company.	
Authorized Person's Name	Provide the name of an authorized person of your company with signing authority.
Title	Provide the title of the authorized person that will be certifying this application.
Telephone	Provide the telephone number of the authorized person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
Fax	Provide the fax number of the authorized person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888.
eMail	Provide the email address of the authorized person.
Language Preference	Select the language preference of the authorized person.
Signature	Provide the name of an authorized person of your company with signing authority.
Date	Provide the date of certification.

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