

Appendix 3

Airport Improvement Fee (AIF) / Monthly Remittance Form

Signatory Air Carrier with more than 240 000\$ in gross annual AIF remittances at YUL

Air Carrier _____

Month _____ Year _____

Your Goods and Services Tax (GST) # : _____

Your Quebec Sales Tax (QST) # : _____

- Final Adjustment including estimate
- Final Adjustment excluding estimate
- Estimate

(1) Total Number of Departing Passengers	Exempted Passengers			(5) Designated Passengers (1) - (2+3+4)	(6) Amount payable per Designated Passengers (AIF before Tax)	(7) AIF Collected (5) X (6)	(8) Administration Fees (7) X 4%	Monthly Total Remittance (7) - (8)
	(2) Connecting passengers ¹	(3) Airline employees travelling for business	(4) Infants under two years of age					
				0	35.00 \$	0.00 \$	0.00 \$	0.00 \$
				Plus Applicable Taxes	GST : 5.000%	0.00 \$	0.00 \$	0.00 \$
					QST : 9.975%	0.00 \$	0.00 \$	0.00 \$
				Total :		0.00 \$	0.00 \$	0.00 \$

¹ Passenger (i) continuing a journey less than 4 hours after arrival at the Airport for domestic Canada and transborder itineraries and (ii) continuing a journey less than 24 hours after arrival at the Airport for international itineraries.

I, (Name) _____ (Title) _____ (Airline) _____

certify that, to the best of my knowledge, information and belief the AIF remittance for the month of _____ (year) _____

Proper and responsible due diligence has been exercised in establishing the remittance by personnel understanding the importance to Aéroports de Montréal of establishing the correct number of departing passengers subject to the AIF. I give this compliance certificate in my capacity as

(Title) _____ and no personal liability is assumed in the giving of this certificate.

(Signature)

(Date)

(Telephone number)

E-mail address