

Procurement provides corporate purchasing services to both Durham College and Ontario Tech University. As the service provider, forms are classified and the data is retained based on the Commons Records Retention Schedule used by Durham College.

For more information or to request alternate formats of this form for accessibility, please contact <u>purchasing@ontariotechu.ca</u> for assistance to complete this form.

## External Supplier Information – To Be Completed by Supplier

Supplier Legal Name:

Supplier Brand Name:

GST/HST Reg #:

Type of Request:

Currency:

If your organization does not have a GST or HST reg # or exempt, please provide an explanation below.

Does your organization qualify as a small supplier under section 148 of Bill C-62?

I hereby certify that I qualify as a small supplier and therefore, not required to register for HST/GST purposes.

Supplier Contact Information			
First Name:	Last Name:		
Position/Title:	Telephone Number:		
Website Address:			
Email Address:			
Supplier Mailing address			
Address Line 1:			
Address Line 2:			
City:	Province/State:		
Country:	Postal/Zip Code:		
Supplier Remittance Information (if d	lifferent from above)		
Address Line 1:			
Address Line 2:			
City:	Province/State:		
Country:	Postal/Zip Code:		
Email Address:			
Canadian Vendors Only Electronic Fu	nds Transfer (Must attach a copy of a V	OID Che	eque)
Bank Name:			
Bank Address:			
Institution #: Transit #:	Bank Account #:		
The Authorized Agent represents and w engage in or support the use of child lat indentured labour, bonded labour or inv	varrants that pursuant to SC 2023, c 9, it c pour or the use of any form of forced labor oluntary labour of prisoners.	loes not ur, such a	as
The Authorized Agent represents and w Ontario Business that meets the following	/arrants that pursuant to O. Reg 422/23, it ng requirements:	is an	
Your business is a supplier, manufactur structure that conducts its activities on a		Yes	No
Your business either has its headquarte least 250 full-time employees.	ers or main office in Ontario or has at	Yes	No
I hereby certify the information supp	blied herein is accurate and complete.		
First Name:	Last Name:		
Title:			
Supplier Signature:			
	LEGE INTERNAL USE ONLY		

	-		
Internal Client:			Department:
<b>Procurement Depar</b>	rtment		
CRA Verified:	Yes	No	Internet Search:
Comments:			
<b>Procurement Autho</b>	orization		

Manager Signature:
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## **Create Supplier ID in Banner**

Vendor ID:

BU#:

## **Notice of Collection**

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for processing accounts payable and financial reporting. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.