

For more information or to request alternate formats of this form for accessibility, please contact purchasingsupport@ontariotechu.ca for assistance to complete this form.

External Supplier Information – To Be Completed by Supplier

Supplier Legal Name: _____

Supplier Brand Name: _____

GST/HST Reg #: _____ Currency: _____

Type of Request: ☐ New Supplier ☐ Modify Existing Supplier

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 different from above)

Address Line 1: _____

Address Line 2: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Email Address: _____

Electronic Funds Transfer (Must attach a copy of VOID Cheque)

Bank Name: _____

Bank Address: _____

Institution #: _____ Transit #: _____ Bank Account #: _____

The Authorized Agent represents and warrants that pursuant to SC 2023, c 9, it does not engage in or support the use of child labour or the use of any form of forced labour, such as indentured labour, bonded labour or involuntary labour of prisoners.

The Authorized Agent represents and warrants that pursuant to O. Reg 422/23, it is an Ontario Business that meets the following requirements:

Your business is a supplier, manufacturer or distributor of any business structure that conducts its activities on a permanent basis in Ontario. ☐ Yes ☐ No

Your business either has its headquarters or main office in Ontario or has at least 250 full-time employees. ☐ Yes ☐ No

☐ I hereby certify the information supplied herein is accurate and complete.

First Name: _____ Last Name: _____

Title: _____

Supplier Signature: _____

ONTARIO TECH UNIVERSITY INTERNAL USE ONLY

Internal Client: _____

Department: _____

DepartmentCRA Verified: ☐ Yes ☐ No Internet Search: _____Comments: **Authorization**

Manager Signature: _____

Create Supplier ID in Banner

Vendor ID: _____ BU#: _____

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