1 - Email - March 13 2017 - RE_ cheques.pdf

From: Cheung, Clara (TBS)
To: Tam, Nelson (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques
Date: March-13-17 5:30:08 PM

Hi Nelson, I am checking with OSS AP now and waiting for the response – they may be able to make a rush payment in manual cheque for pickup.
In the meantime, do you have the approval yet?

The other option re: EFT - There is an option to setup the EFT, however, a form is required to be completed. Also, it will take another 5 business days for the EFT setup. Do you know if the Chair had ever received any payments (EFTs) from OPS before?

I will provide you an update once I hear from OSS AP.
Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-13-17 2:48 PM
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Clara

Attached is the per diem expense claims (prior to 2017 and after 2017) as a sample. The Chair will be away in April and wants to ensure that the money does not sit in a mailbox and want an EFT option. Other members may want to use this method as well.

The expense is with our ADM for approval. Before we submit the claim for processing, and EFT is an option, please provide a form or instructions and we can send at the same time when we process the claims.

Thanks

Nelson
X20514

From: Bernard, Dena (TBS)
Sent: March-09-17 6:13 PM
To: Tam, Nelson (TBS)
Cc: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Nelson, can you send Clara a scan of the Expense Claim. She will help us figure out the payment process.

Thanks

Dena

From: Cheung, Clara (TBS)
Sent: March 9, 2017 5:21 PM
To: Bernard, Dena (TBS)
Subject: RE: cheques

Did you have it setup as PO already?
Do you want to give me a call?

From: Bernard, Dena (TBS)
Sent: March-09-17 5:17 PM
To: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Clara,

We will be paying our Expert Panel guys who are Public Appointments. Nelson has their Expense Claims ready for the ADMs approval.

Once approved what do I do? How can we set them up to be paid electronically? Should I have them fill out a Direct deposit form with a void cheque or set them up as a vendor?

Any advice you can give me would be much appreciated.

Dena

From: Tam, Nelson (TBS)
Sent: March 9, 2017 4:27 PM
To: Bernard, Dena (TBS)
Subject: FW: cheques

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-09-17 4:23 PM
To: Tam, Nelson (TBS)
Subject: cheques

Hi Nelson
Sorry to bother you. I know you said you were going to try to expedite the payment of the invoices we have just submitted. However, it just occurred to me that I am leaving the country on April 6 and will be away for a month. I would really like to get that money deposited before I leave –it won't do anyone any good sitting in my mailbox.

Do you have any idea how long it will take to get the cheques issued? Would it be possible to arrange to have the invoices paid by direct deposit?

Thanks for your help.
Tricia

1 - Patricia - 2017 Travel Expense Form - Non-OPS_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees (Individuals without an 8 Series WIN Number)

Note

For guidance in completing this form refer to the Instructions sheet.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Taxi: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Taxi. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15, Net Amount = 8.85
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00, Net Amount = 1.00

Fields marked with an asterisk (*) are mandatory.

Personal information on this form is collected under the authority of the *Financial Administration Act*, Section 1.0.25 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

1. Payee Information

Name of Payee (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *

Ministry/Agency Contact (Last Name) *	(First Name) *	Telephone Number
		416 570-1924 ext.

Mailing Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - January to February

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Meals	Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	Total Amount	Tax Rate (HST/GST)	Tax Amount	Net Amount	Rec. No.
03/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
04/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
05/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
10/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
11/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
13/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
16/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
18/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
19/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	
20/Jan/2017	Per Diem			2,000.00					2,000.00			2,000.00	

  Disponible en français

Name of Payee (Last Name, First Name)	Name of Approving Official (Last, First Name) (Mandatory)
O'Malley, Patricia	

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	Attendees (Number)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**	Rec. No.
26/Jan/2017	Per Diem			1,000.00					1,000.00			1,000.00	
03/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
07/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
09/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
10/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
13/Mar/2017	Per Diem			2,000.00					2,000.00			2,000.00	
15/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
17/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
20/Feb/2017	Per Diem			1,000.00					1,000.00			1,000.00	
28/Feb/2017	Per Diem			2,000.00					2,000.00			2,000.00	
	Total ►			38,000.00					38,000.00		0.00	38,000.00	
								Total Claim Amount ►	**$38,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim Number	Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate (HST/GST)	Tax Amount	**Net Amount**
1	034	340401	0000	985500	547920		0000	0000	$38,000.00	0.0%		$38,000.00
								Total ►	$38,000.00		$0.00	$38,000.00
								Total Claim Amount ►	**$38,000.00**			

4. Payee Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Payee (Mandatory)	Date (dd/mmm/yyyy)

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) *	Title

Telephone Number	Total Claim Amount Approved	Signature *	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$38,000.00		

1 - Patricia - Travel Claim Form - Non-OPS_scan.pdf

Ontario

Expense (General/Travel) Claim for Non-OPS Employees

Note

Personal information on this form is collected under the authority of the *Ministry of Treasury and Economics Act*, R.S.O. 1990, c.M.37, s. 11 and will be used to assess, verify and monitor eligibility for payment. For information regarding the collection of this information, please contact the financial services unit in your organization where you submit this form.

Only one cost centre per form. Where a tip/gratuity is included in the expense item being claimed, the gratuity/tip must be itemized separately.
Example : Receipt #1 for Lunch: $8.85 plus tax (13%) $1.15 = $10.00 plus tip $1.00. Total receipt #1 = $11.00
Expense item line 1: Lunch. Total Amount = 10.00, Tax Rate = 13%. Tax Amount = 1.15 (calculated), Net Amount = 8.85 (calculated)
Expense item line 2: Tip. Total Amount = 1.00, Tax Rate = 0, Tax Amount = 0.00 (calculated), Net Amount = 1.00 (calculated)

1. Claimant Information

Name of Claimant (Last Name) *	(First Name) *	Middle Initial
O'Malley	Patricia	

Ministry/Agency *	Telephone Number
	416 570-1924 ext.

Address (Street Number and Name, Unit/Apt. Number) *	City/Town *	Province *	Postal Code *
210 Cambria Street	Stratford	ON	N5A 1J1

Purpose of Trip and Nature of Expenses *

Per Diem as Chair of the Pension Asset Expert Advisory Panel - November to December

2. Transaction Details

Date	Particulars	Account Code				Kilometres		Receipt Details				
(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
08/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
10/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
18/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
21/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
24/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
25/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
30/Nov/2016	Per Diem			2,000.00				2,000.00			2,000.00	
01/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
05/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
06/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
10/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
12/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
13/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	

Name of Claimant (Last, First Name)
O'Malley, Patricia

Name of Approving Official (Last, First Name) (Mandatory)

Ministry/Agency

(dd/mmm/yyyy)	Explain General Expense Items (Destination, time of departure, return and mode of travel)	Non-reportable Items $ (533910)	T4A Reportable Items $ (533915)	T4A Reportable Remuneration (547920)	T4 Reportable PTPDA $ (533950)	South Ontario Km's	North Ontario Km's	**Total Amount**	Tax Rate % (HST/ GST)	Tax Amount	**Net Amount**	Rec. No.
16/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
20/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
22/Dec/2016	Per Diem			2,000.00				2,000.00			2,000.00	
23/Dec/2016	Per Diem			1,000.00				1,000.00			1,000.00	
	Total ►			32,000.00				32,000.00			32,000.00	
							Total Claim Amount ►	**$32,000.00**				

3. IFIS Account Code – Claim Amount Summary

Claim No.

Claim Date (dd/mmm/yyyy)

Line No.	Ministry (3 digits)	Program (6 digits)	Business Unit (4 characters)	Cost Centre (6 characters)	Account (6 digits)	Initiative (4 digits)	Future Use (4 digits)	Future Use (4 digits)	**Total Amount**	Tax Rate % (HST/GST)	Tax Amount	Net Amount
1	034	340401	0000	985500	547920		0000	0000	$32,000.00	0.00		$32,000.00
								Total Claim Amount ►	**$32,000.00**			

4. Claimant Certification

This is to certify that the above expenses were incurred by me while on Government Business.

Signature of Claimant (Mandatory)

Date (dd/mmm/yyyy)
07/Mar/2017

Please visit www.ontario.ca/directpayment to download the application form to enrol for electronic payment.

5. Approval and Authorization

Name of Approving Official (Last, First Name) (Mandatory)

Title

Telephone Number	Total Claim Amount Approved	Signature (Mandatory)	Date Approved/Authorized (dd/mmm/yyyy)
ext.	$32,000.00		

2 - Email - March 23 2017 - RE_ cheques.pdf

From: Tam, Nelson (TBS)
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques
Date: March-23-17 11:13:00 AM

Clara

I sent it on Wednesday to OSS AP Sudbury Priority Payments (MGCS). Dena advised I should have sent it to Shelly as well. I just forwarded the email to her.

Thanks

Nelson
X20514

From: Cheung, Clara (TBS)
Sent: March-23-17 11:05 AM
To: Tam, Nelson (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Hi Nelson

Just wondering how the EFT form is coming so that OSS can get the banking set up to process the two claims I am holding on to. OSS just notified me today to follow up.

Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-17-17 3:38 PM
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Clara

Dena reminded that I need to respond to you.

EFT and void cheque will be delivered in person on Monday. There is a meeting with the Minister.

I will scan and sent to OSS AP as per your instructions below. There is no need for rush payment if we have the EFT. Her concern was having a cheque sitting in her mailbox while she is away on vacation.

Thanks

Nelson
X20514

From: Cheung, Clara (TBS)
Sent: March-14-17 9:44 AM
To: Tam, Nelson (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Hi Nelson,

I just confirmed that we do not have Patricia O'Malley setup in IFIS as supplier. Because it is going to be rush and I think she may want to get paid by EFT. Attached the banking form required to be completed for EFT.

If the banking form could be completed by Patricia and she provide a void cheque or stamped bank letters, it could be scanned to OSS AP so that they can have her set up in IFIS with her banking details so her payments will be deposited into her bank account. The OSS contact is Shelley.Mathieu@ontario.ca.

In addition, once the manual expense claim form is completed and approved, please scanned the signed copy to me. I will request the invoices to be paid as soon as possible. The original signed manual expense claim form will need to be mailed to OSS AP :

Attention to: Shelley Mathieu
Financial Processing Operations Branch, OSS
200 First Avenue West, 3rd Floor, North Bay, ON P1B 3B9

Please let me know of any further questions. Thanks,
Clara

From: Tam, Nelson (TBS)
Sent: March-13-17 2:48 PM
To: Cheung, Clara (TBS)
Cc: Bernard, Dena (TBS)
Subject: RE: cheques

Clara

Attached is the per diem expense claims (prior to 2017 and after 2017) as a sample. The Chair will be away in April and wants to ensure that the money does not sit in a mailbox and want an EFT option. Other members may want to use this method as well.

The expense is with our ADM for approval. Before we submit the claim for processing, and EFT is an option, please provide a form or instructions and we can send at the same time when we process the claims.

Thanks

Nelson
X20514

From: Bernard, Dena (TBS)
Sent: March-09-17 6:13 PM
To: Tam, Nelson (TBS)
Cc: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Nelson, can you send Clara a scan of the Expense Claim. She will help us figure out the payment process.

Thanks

Dena

From: Cheung, Clara (TBS)
Sent: March 9, 2017 5:21 PM
To: Bernard, Dena (TBS)
Subject: RE: cheques

Did you have it setup as PO already?
Do you want to give me a call?

From: Bernard, Dena (TBS)
Sent: March-09-17 5:17 PM
To: Cheung, Clara (TBS)
Subject: FW: cheques

Hi Clara,

We will be paying our Expert Panel guys who are Public Appointments. Nelson has their Expense Claims ready for the ADMs approval.

Once approved what do I do? How can we set them up to be paid electronically? Should I have them fill out a Direct deposit form with a void cheque or set them up as a vendor?

Any advice you can give me would be much appreciated.

Dena

From: Tam, Nelson (TBS)
Sent: March 9, 2017 4:27 PM
To: Bernard, Dena (TBS)
Subject: FW: cheques

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-09-17 4:23 PM
To: Tam, Nelson (TBS)
Subject: cheques

Hi Nelson
Sorry to bother you. I know you said you were going to try to expedite the payment of the invoices we have just submitted. However, it just occurred to me that I am leaving the country on April 6 and will be away for a month. I would really like to get that money deposited before I leave –it won't do anyone any good sitting in my mailbox.

Do you have any idea how long it will take to get the cheques issued? Would it be possible to arrange to have the invoices paid by direct deposit?

Thanks for your help.
Tricia

2 - ORAN 5098E-33_re_scan.pdf

Ontario

Ministry of Government and Consumer Services

Complete this form electronically as some fields are interactive depending on the selected option.

Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

Collection of Information

The authority for the collection of this information as a lawfully authorized activity is the *Ministry of Government Services Act,* R.S.O. 1990, c. M.25 s.6. This form will be used solely for the purposes of supplier registration, depositing your payments into your bank account, providing payment notifications by email and contacting you for any payment related issues. For information about collection and/or use and disclosure practices, write to the Senior Manager, Expenditure Management Branch, Ontario Shared Services, Ministry of Government and Consumer Services, 77 Wellesley Street West, Box 700, Toronto ON M7A 1N3. For further assistance please call 416 212-2345 or toll free at 1 866 320-1756.

Consent to Disclose

By submitting this application, you acknowledge this information may be utilized by other Province of Ontario ministries and agencies in the context of procurement and payment recipient verification.

Important - Please read the instructions before completing this form.

A Type of Request

☐ New Supplier Registration

☐ Change of Information (specify details if known)

☐ Add Additional Location

Supplier No. | Site No. | Site Name

☐ Changes to Current Supplier Information

Supplier Type (check all that apply)

☐ Receive payments for goods and/or services

☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?

☐ Yes

☐ No, my invoices do not contain tax

B Supplier Profile

Current Information	New Information
Legal Name	Legal Name
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name
City/Town	City/Town
Province/State / Postal/Zip Code / Country	Province/State / Postal/Zip Code / Country
Telephone No. ext. / Fax No.	Telephone No. ext. / Fax No.
Email Address	Email Address

C Banking Information

Attach an **original void cheque** displaying your legal name or an **original signed and/or bank stamped letter** from your financial institution.
Note: Bank counter cheques are not acceptable.

Current Information	New Information
Name of Canadian Financial Institution	Name of Canadian Financial Institution
Branch No. / Institution No. / Account No.	Branch No. / Institution No. / Account No.

D Certification/Authorization

I certify I am authorized by the organization named above to submit this application for registration and certify that all the information contained herein is true and accurate statement of the facts.

Name (First Last) | Signature | Date (dd/mmm/yyyy)

Title

Version française disponible

3 - Email - March 14 2017 - RE_ cheques.pdf

From: Patricia O"Malley
To: Tam, Nelson (TBS)
Subject: RE: cheques
Date: March-14-17 12:58:40 PM

Thanks for processing. Will advise balance of time and expenses before month end.

Slides ready Friday at the very latest. Depends a bit on how far Lucy has gotten with drafting the background report.

From: Tam, Nelson (TBS) [mailto:Nelson.Tam@ontario.ca]
Sent: 14-Mar-17 12:11
To: Patricia O'Malley <plomalley@outlook.com>
Subject: RE: cheques

Patricia

Thanks. Cindy has approved.

Also, have you started on the couple of slides for Monday's briefing? Is it possible to have it by Friday by 2PM so we can send it to the Deputy and Minister for advance reading?

Thanks

Nelson
416-212-0514

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-14-17 11:29 AM
To: Tam, Nelson (TBS)
Subject: RE: cheques

Thanks for following up, Nelson. I will bring the completed form and the void cheque to you on Monday – just as fast as mailing from here and safer!
Tricia

From: Tam, Nelson (TBS) [mailto:Nelson.Tam@ontario.ca]
Sent: 14-Mar-17 10:16
To: Patricia O'Malley <plomalley@outlook.com>
Subject: RE: cheques

Patricia

Attached is a request to set up EFT with comments from our folks below.

If the banking form could be completed by Patricia and she provide a void cheque or stamped bank letters

Please send back to me with the completed form and the void cheque or stamped bank letters and I will send it to our AP to have you set up.

Thanks

Nelson
416-212-0514

From: Patricia O'Malley [mailto:plomalley@outlook.com]
Sent: March-09-17 4:23 PM
To: Tam, Nelson (TBS)
Subject: cheques

Hi Nelson
Sorry to bother you. I know you said you were going to try to expedite the payment of the invoices we have just submitted. However, it just occurred to me that I am leaving the country on April 6 and will be away for a month. I would really like to get that money deposited before I leave –it won't do anyone any good sitting in my mailbox.

Do you have any idea how long it will take to get the cheques issued? Would it be possible to arrange to have the invoices paid by direct deposit?

Thanks for your help.
Tricia

3 - ORAN 5098E-33_re_scan.pdf

Ontario

Ministry of Government and Consumer Services

Complete this form electronically as some fields are interactive depending on the selected option.

Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer

Collection of Information

The authority for the collection of this information as a lawfully authorized activity is the *Ministry of Government Services Act,* R.S.O. 1990, c. M.25 s.6. This form will be used solely for the purposes of supplier registration, depositing your payments into your bank account, providing payment notifications by email and contacting you for any payment related issues. For information about collection and/or use and disclosure practices, write to the Senior Manager, Expenditure Management Branch, Ontario Shared Services, Ministry of Government and Consumer Services, 77 Wellesley Street West, Box 700, Toronto ON M7A 1N3. For further assistance please call 416 212-2345 or toll free at 1 866 320-1756.

Consent to Disclose

By submitting this application, you acknowledge this information may be utilized by other Province of Ontario ministries and agencies in the context of procurement and payment recipient verification.

Important - Please read the instructions before completing this form.

A Type of Request

☐ New Supplier Registration

☐ Change of Information (specify details if known)

☐ Add Additional Location

☐ Changes to Current Supplier Information

Supplier No.	Site No.	Site Name

Supplier Type (check all that apply)

☐ Receive payments for goods and/or services

☐ Receive transfer payments from the Province of Ontario

Do you have a business number registered with Canada Revenue Agency?

☐ Yes

☐ No, my invoices do not contain tax

B Supplier Profile

Current Information	New Information
Legal Name	Legal Name
Operating Name ☐ Same as Legal Name	Operating Name ☐ Same as Legal Name
Suite/Floor No. / Street No. and Name	Suite/Floor No. / Street No. and Name
City/Town	City/Town
Province/State / Postal/Zip Code / Country	Province/State / Postal/Zip Code / Country
Telephone No. ext. / Fax No.	Telephone No. ext. / Fax No.
Email Address	Email Address

C Banking Information

Attach an **original void cheque** displaying your legal name or an **original signed and/or bank stamped letter** from your financial institution.
Note: Bank counter cheques are not acceptable.

Current Information	New Information
Name of Canadian Financial Institution	Name of Canadian Financial Institution
Branch No. / Institution No. / Account No.	Branch No. / Institution No. / Account No.

D Certification/Authorization

I certify I am authorized by the organization named above to submit this application for registration and certify that all the information contained herein is true and accurate statement of the facts.

Name (First Last)	Signature	Date (dd/mmm/yyyy)
Title		

Version française disponible