

APPLICATION FORM

COMPANY INFORMATION

Company name: _____

Mailing address: _____

Contact Person (s): _____

Telephone: _____

Fax: _____

Toll free: _____

E-mail: _____

Website: _____

Owner: _____

Business no.: _____

Date of registration: _____

AGENT/REPRESENTATIVE INFORMATION

Name: _____

Contact no.: _____

E-mail: _____

TYPE OF ORGANISATION (Please check)

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Public Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Private Limited Liability Company |
| <input type="checkbox"/> Non-profit organisation | <input type="checkbox"/> Other - Please explain: _____ |

Toronto office

480 University Ave., Suite 800, Toronto
ON, M5G 1V2
T +1 416 598.1566 F +1 416 598.1610
E-mail toronto@ice.it
Web. www.italtrade.com

Montreal office

1000 rue Sherbrooke ouest, bur. 1720 - Montréal,
QC, H3A 3G4
T +1 514 284.0265- F +1 514 284.0362
E-mail montreal@ice.it
Web. www.italtrade.com

TYPE OF BUSINESS (Please check)

- Manufacturing Construction Trading Consultancy
 Service Provider Other – please explain: _____

Please describe your company's major activity: _____

SIZE OF BUSINESS

Turnover (last financial year) Ended: ___/___/___ CDN\$:

previous last financial year Ended: ___/___/___ CDN\$:

previous last financial year Ended: ___/___/___ CDN\$:

No. of employees: _____ No. of branches: _____

No. of International offices: _____

AFFILIATED/HOLDING/SUBSIDIARY COMPANIES

Name _____

Address _____

Nature of affiliation _____

Name _____

Address _____

Nature of affiliation _____

Name _____

Address _____

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Nature of affiliation _____

PERSONS AUTHORISED TO SIGN BIDS, OFFERS AND CONTRACTS

Name _____

Position _____ Telephone / Fax _____

Name _____

Position _____ Telephone / Fax _____

Name _____

Position _____ Telephone / Fax _____

BANK INFORMATION

Beneficiary name: _____

Bank name: _____

Transit no.: _____

Bank ID no.: _____

Account no.: _____

SWIFT Code: _____

IBAN: _____

REFERENCE

Date (dd/mm/yy)	Service / Product	Value (CDN\$)	Client/contact and telephone

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MACRO SECTORS (Please check)

- Macro Sector A : Exhibitions, fairs and related services
- Macro Sector B : Office and general supply
- Macro Sector C : Furniture and electronic machinery
- Macro Sector D : Work and maintenance
- Macro Sector E : Services and consultancy

Sectors: Please refer to the Annex 1

- _____
- _____
- _____
- _____

CERTIFICATION

The undersigned, an authorised signer for the company, hereby certifies to have reviewed and accepted the Regulations, and that the information provided, including that on any attached pages, is true and correct to the best of his/her knowledge.

Date and Place: _____

Name and Title: _____

Signature: _____

DECLARATION

I, _____, as an authorized representative of
_____ (Supplier) do solemnly and sincerely declare under penalty of perjury
under the Canadian Law and the Italian Law (D.Lgs. 50/2016 and its subsequent amendments) that:

→ the Supplier has never been condemned in any court of law and I am not aware of any criminal federal and/or provincial investigation conducted against it;

→ the Supplier possesses the license and/or permit and/or authorization in good standing and it has not been suspended (if applicable);

→ the Supplier has not had a complaint filed against itself by any enforcement agency and has not engaged in any conduct that would give rise to sanctions and/or convictions under international, federal, provincial or local laws;

→ the Supplier is in compliance with all governmental laws, statutes and requirements applicable to the services/goods provided hereunder;

→ the Supplier furthermore declares that all the information provided, and the accompanying documents are true and correct to the best of my knowledge and belief;

→ the Supplier agrees to comply with the requirements stated in Legislative Decree 50/2016 and its subsequent amendments;

→ By signing this statement, I hereby agree to authorize a background check and I agree to sign each and every document necessary to enable the ITA - Italian Trade Agency to conduct a verification and background check. I expressly release the Italian Trade Agency from any claim or cause of action arising out of the ITA - Italian Trade Agency verification of such information.

Date: _____

Company: _____

Name and Title: _____

Signature: _____

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