

## 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](mailto:toronto@ice.it)  
Web. [www.italtrade.com](http://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](mailto:montreal@ice.it)  
Web. [www.italtrade.com](http://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: \_\_\_\_\_