

FORM A: REQUEST FOR QUALIFICATION APPLICATION

1. Document Title REQUEST FOR QUALIFICATION FOR THE PROVISION OF IT STAFF AUGMENTATION SERVICES

2. Applicant

Name of Applicant

Usual Business Name of Applicant as it appears on Invoice (if different from above)

Street

City

Province

Postal Code

Email Address of Applicant

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Applicant is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Applicant hereby authorizes the following contact person to represent the Applicant for purposes of the Qualification Submission.

Contact Person

Title

Telephone Number

Facsimile Number

4. Response

The Applicant agrees that the RFQ in its entirety shall be deemed to be incorporated in and to form a part of this Qualification Submission notwithstanding that not all parts thereof are necessarily attached to or accompany this Qualification Submission.

5. Addenda

The Applicant certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Submission:

No.	Dated
_____	_____
_____	_____
_____	_____

6. Signatures

The Applicant or the Applicant's authorized official or officials have signed this

_____ day of _____, 20____.

Signature of Applicant or
Applicant's Authorized Official or Officials

(Print here name and official capacity of individual whose signature appears above)

(Print here name and official capacity of individual whose signature appears above)