

FORM A: REQUEST FOR QUALIFICATION APPLICATION

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

2. Proponent

Name of Proponent

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

Street

City

Province

Postal Code

Email Address of Bidder

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Proponent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

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

Contact Person

Title

Telephone Number

Facsimile Number

4. Good Faith Declaration

The Proponent declares that, in submitting its Request for Qualifications (RFQ), it does so in good faith and that to the best of its knowledge no Persons identified in B6 would have any pecuniary interest, direct or indirect, should the Proponent be awarded a contract for the Project.

5. Response

The Proponent 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.

6. Addenda

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

No.	_____	Dated	_____
	_____		_____
	_____		_____

7. Signatures

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

_____ day of _____, 20_____.

Signature of Proponent or Proponent'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)	_____