

FORM A: REQUEST FOR INFORMATION APPLICATION

1. Document Title REQUEST FOR INFORMATION FOR THE CHIEF INNOVATION OFFICE

PUBLIC INNOVATION FUNNEL WEB APPLICATION

2. Respondent

Name of Respondent

Usual Business Name of Respondent (if different from above)

Street

City

Province

Postal Code

Email Address of Respondent

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Respondent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Information Submission.

Contact Person

Title

Telephone Number

Email Address

4. Addenda

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

No.	_____	Dated	_____
	_____		_____
	_____		_____

5. Indigenous Self-Declaration

The Respondent hereby declares the business is at least 51% owned by one or more Indigenous persons of Canada.

YES

6. Signatures

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

_____ day of _____, 20_____ .

Signature of Respondent or
Respondent'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)