FORM A: REQUEST FOR INFORMATION APPLICATION

1.	Document Title	REQUEST FOR INFORMATION FOR DIGITIZATION PROJECT		
2.	Respondent			
		Name of Respondent Usual Business Name of Respondent as it appears on Invoice (if different from above)		
		Street		
		City Province Postal Code		
	(Mailing address if different)	Facsimile Number		
		Street or P.O. Box		
		City Province Postal Code		
		GST Registration Number (if applicable)		
	(0)	The Respondent is:		
	(Choose one)	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 Request for Information Submission.		
		Contact Person Title		
		Telephone Number Facsimile Number		
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 Submission:		
		No Dated		

5.	Signatures		The Respondent or the Respondent's authorized official or officials have signed this		
			day of	, 20	
		l	Signature of Respondent or Respondent's Authorized Official or Offi	cials	
			(Print here name and official capacity of individual	I whose signature appears above)	
			(Print here name and official capacity of individual	I whose signature appears above)	