## FORM A: REQUEST FOR QUALIFICATION APPLICATION

1.	Document Title	REQUEST FOR QUALIFICATION FOR THE PROVISION OF IT STAFF AUGMENTATION SERVICES - INNOVATION			
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.	Good Faith Declaration	The Applicant 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 Applicant be awarded a contract for the Project.			

5.	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.				
6.	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			
7.	Signatures	The Applicant or signed this	the Applicant's authori	zed official or officials have		
			day of	, 20		
		Signature of Applicant or Applicant's Authorized Official or Officials				
		(Print here name	e and official capacity of individ	ual whose signature appears above)		
		(Print here name	e and official capacity of individ	ual whose signature appears above)		