**ALL FIELDS MUST BE TYPED IN CAPITAL LETTERS. HAND WRITTEN AND INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**THIS FORM WILL BE USED: 1) TO REGISTER AS A NEW VENDOR; AND 2) TO CHANGE INFORMATION PREVIOUSLY SUBMITTED.**

|  |
| --- |
| **VENDOR INFORMATION** |
| Vendor Name (“Operating As” if different from legal name)      |
| Vendor Number      | Canadian Business/HST Registration No.      |
| Street No.       | Street Name      | Unit/Suite      |
| City/Town      | Province/State/Region      | Postal/Zip Code      |
| Country      | Country Code - Area Code - Phone # - Ext.      | Country Code - Area Code - Fax #      |
|  |
| **CONTACT INFORMATION** |
| Payment Notification | Sales and Marketing Contact Email Addresses |
| 1)       | 1)       |
| 2)       | 2)       |
| 3)       | 3)       |
|  |
| **NAME CHANGES** (form **must** be completed in full for all name changes) |
| Previous Name (receiving payments under)      |
| Previous OCRC Vendor Number (if applicable)      | Effective Date (mm/dd/yyyy)      |
|  |  |
| **ELECTRONIC BANKING INFORMATION \****Account name on your bank records must match your “Operating As” name.* |
| Name of Financial Institution      |
| Street No.      | Street Name      | Unit/Suite      |
| City/Town      | Province/State/Region      | Postal/Zip Code      | Country      |
| Account Number/International Bank Account Number (IBAN) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Number(Canadian banks only)      | Routing Code Method – Select from the menuChoose an item. | Routing Code      | Primary Transaction Currency      |
| Bank Account Currency – (Select all the currencies your account will accept payments in) AUD [ ]  CAD [ ]  CHF [ ]  DKK [ ]  EUR [ ]  GBP [ ]  JPY [ ]  NOK [ ]  NZD [ ]  USD [ ]  ZAR [ ]  |
| **INTERMEDIARY BANK DETAILS** (Required for payments in a currency other than the country host currency) |
| Name of Financial Institution      |
| Street No.      | Street Name      | Unit/Suite      |
| City/Town      | Province/State/Region      | Postal/Zip Code      | Country      |
| Routing Code       |

The Vendor 1) certifies that all information provided above is correct and complete, and 2) authorizes and directs the OCRC to make payments to the Vendor at the bank set out above.

**Two authorized signatures are required to process vendor information (unless your organization permits documents to be signed by one individual).**

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Date (mm/dd/yyyy) |  | Full Name of Signature (typed) |
|   |  |       |
| Authorized Signature (hand-written) |  | Business Title (typed) |
|  |  |       |
| Date (mm/dd/yyyy) |  | Full Name of Signature (typed) |
|   |  |       |
| Authorized Signature (hand-written) |  | Business Title (typed) |

**WHERE TO SEND COMPLETED FORMS**

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| **Cannabis Vendors** |
|  New suppliers | Forward completed form to OCRC Category Manager: Merchandising@OCS.ca |
|  Name changes |
|  Currency changes |
| **Non-Cannabis Vendors** |
|  New vendors | Forward completed form to: Merchandising@OCS.ca |
|  Name changes |
| **Landlords and changes to existing Landlord information** |
|  Address changes | Forward completed form to: rents@OCRC.com  |
|  Changes to banking information |
|  Changes to contact information |
|  |
|  |  |
| **Changes to Existing Vendors**  |  |
| Name changes |  |
| Address changes |  |
|  Changes to banking information | Forward completed form to: accounts.payable@OCRC.com |
|  Changes to contact information |  |
|  |  |

**FURTHER INFORMATION AND ASSISTANCE**

Payment may be subject to lifting / transaction fees and other beneficiary bank charges, where applicable.  Please consult your financial institution for details.

To assist in ensuring your banking details are valid, please utilize the following websites:

[www.swift.com](http://www.swift.com/)

<http://iban-rechner.eu/ibancalculator/iban.html>

<http://www.ibancalculator.com/iban_validieren.html>

Include void cheque if possible.

For help on completing the Vendor Profile Form, please see [Instructions and Additional Information](http://www.doingbusinesswithlcbo.com/tro/Services/Accounts-Payable/Forms.shtml)

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| **INTERNAL USE ONLY** |
| **APPROVAL BY OCRC MANAGEMENT**  |
|   |   |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Authorized Signature | Date |