**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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **VENDOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Business Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Business Name (if different from Legal Name) | | | | | | | | | | | | | | | | | | | | | | | | | | | Business/HST/QST 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 – AR (Name, Title and Email) | | | | | | | | | | | | | | | | | | | | Sales & Marketing Contacts , Finance (Name, Title and Email) | | | | | | | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | | | | | | | 1) | | | | | | | | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | | | | | | | | 2) | | | | | | | | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | | | | | | | | 3) | | | | | | | | | | | | | | | | | | | | |
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| **NAME CHANGES** (form **must** be completed in full for all name changes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Name (receiving payments under) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous OCRC Vendor (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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bank Number (Canadian banks only) | | | | | | Routing Code Method – Select from the menu  Choose an item. | | | | | | | | | | | | | | | Transit/Routing Code | | | | | | Financial Institution Phone Number | | | | | | | | | | | | | |

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 (Director and up) are required to process vendor information (unless your organization permits documents to be signed by one individual).**

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

**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 |
|  |
| **Non-Cannabis Vendors** | |
| New vendors | Forward completed form to: accounts.payable@ocs.ca |
| Name changes |
|  |  |
| **Changes to Existing Vendors** |  |
| Name changes |  |
| Address changes |  |
| Changes to banking information | Forward completed form to: accounts.payable@ocs.ca |
| Changes to contact information |  |
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**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.**

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