

CREATION OF HONORARIA SUPPLIER FORM

SUPPLIER INFORMATION TO BE COMPLETED BY INDIVIDUAL

First Name:

Family Name:

Address

Province

Postal Code

Country

Telephone

email

Currency (please circle)

\$CDN

\$USD

Social Insurance Number
(SIN)*

* If you did not provide your SIN, check off the relevant box below.

☐

I do not have a SIN

☐

Not applicable

Mailing address, if different than above

Address

Province

Postal Code

Country

TO BE COMPLETED BY DEPARTMENT REQUESTING SUPPLIER

Requested by:

Name

Department

Date