



# SUPPLIER INFORMATION FORM

- Potential Supplier
- Current Supplier

## COMPANY INFORMATION \* Indicates Required Field

MH Office Use Only  
Vendor Number:

\*Business Name:

\* Address Line 1:

\* Phone:  -  -

Address Line 2:

Fax:  -  -

Address Line 3:  Website (URL):

\* City / Town:  \* Province / State:  \* Postal / Zip Code:

\* Country:  GST # (if applicable)

## PRIMARY CONTACT

\*First Name:  \*Last Name:

\*Title:  \*E-Mail:

\*Phone:  -  -  Fax:  -  -

## SECONDARY CONTACT

First Name:  Last Name:

Title:  E-Mail:

Phone:  -  -  Fax:  -  -

## ACCOUNTS RECEIVABLE CONTACT

\*First Name:  \*Last Name:

\*Address:  \*E-Mail:

\*City / Town:  \* Province / State:  \* Postal / Zip Code:

\*Phone:  -  -  Fax:  -  -

---

**BUSINESS INFORMATION**

\*Select Type of Business:  Corporation  Partnership  Sole Proprietor  Subsidiary

Parent Company

\*Year(s) ownership under current business name:

\*Total number of F/T employees:

\*P/T employees:

Previous or affiliated business names

\*Select Primary Business:  Consultant  Contractor  Distributor  Manufacturer  Service

\*List the type of product, service and/or skilled trade your business provides:

Please check the applicable boxes:

This is an Aboriginal business that is at minimum 51% (fifty one) Aboriginal owned and controlled

This business has 6 (six) or more full-time employees and at least 1/3 (one third) of them are Aboriginal people

\*Trades - Are you engaged in the Apprenticeship Manitoba program? <http://www.gov.mb.ca/tce/apprent/>  Yes  No

Select if you abide by all the applicable requirements of *The Apprenticeship and Certification Act* <https://web2.gov.mb.ca/laws/statutes/ccsm/a110e.php>

\*Are you engaged in the hiring of Aboriginal Persons for Training and Development Opportunities <http://www.gov.mb.ca/tce/capitalprojects/aboriginal.html>  Yes  No

---

**QUALITY**

Select or list certification below that your business goals include.

ISO 9001

Other Identify

---

**WORKPLACE SAFETY AND HEALTH**

Select or list certification below that your business goals include.

complies with all applicable requirements of *The Workplace Safety & Health Act* <https://web2.gov.mb.ca/laws/statutes/ccsm/w210e.php>

has a valid and current COR, SECOR or COREL <http://cfcsa.ca/cor.html> or [http://www.constructionsafety.ca/mall\\_business/index.htm](http://www.constructionsafety.ca/mall_business/index.htm)

Other Identify

---

**EMPLOYMENT STANDARDS and WAGE RATES**

Select the following if your business abides by all applicable requirements of:

The Employment *Standards Code* <http://web2.gov.mb.ca/laws/statutes/ccsm/e110e.php>

The Construction Industry Wages Act <http://web2.gov.mb.ca/laws/statutes/ccsm/c190e.php>

---

**ENVIRONMENT**

Select or list below what your business goals include.

ISO 14000

Other Identify

---

**GEOGRAPHIC LOCATIONS**

Indicate which areas (city(s), town(s), municipalities) within Manitoba your company is able to supply goods, services or construction.


---

**REFERENCES**

Provide 3 (three) references from previous customers who may be contacted by Manitoba Housing for information on performance in past service engagements or projects.

\*Customer:  \*Contact Person:

\*Phone:  -  -

\*Email:

\*Type of Work Completed:

\*Customer:  \*Contact Person:

\*Phone:  -  -

\*Email:

\*Type of Work Completed:

\*Customer:  \*Contact Person:

\*Phone:  -  -

\*Email:

\*Type of Work Completed:

---

Retail Sales Tax (PST and RST) apply to all Manitoba Housing projects. As such, you will collect PST/RST from Manitoba Housing. This should be reflected in any future bid submissions.

---

 **SMALL SUPPLIER DECLARATION**

By checking this box and signing the Supplier Information form, you do hereby declare and represent to Manitoba Housing that you are a small supplier as defined under subsection 148(1) of the Excise Tax Act. <http://www.cra-arc.gc.ca/E/pub/gm/2-2/2-2-e.pdf>

As such, you will not collect GST from Manitoba Housing. The onus will be on you to collect the GST if you are not a small supplier, or to satisfy Canada Customs and Revenue that you are, in fact, a small supplier.

---

**I hereby declare that all information provided is accurate and true. I have been granted signing authority on behalf of the company.**

\*Signature

\*Print Name

\*Title

\*Date