

AUTORITÉ DES MARCHÉS PUBLICS TRANSPARENCE ÉQUITÉ SAINE CONCURRENCE

Public contracts

Remittance slip (Application to add/change relationships)

Please enclose payment in the amount of \$264 for each natural person or entity required to fill out the "Relationships with the applicant" form and/or the "Relationships with the entity that has control over the applicant" form. This fee is payable only once for each natural person or entity, even if they have filled out more than one form.

	des marchés publics will only accept remittance s tions according to your chosen payment method:	-	or mail.	
Credit card:	Check the appropriate box and send your slip by email to directionlcop@amp.quebec . An agent will contact the person designated by the company to proceed with payment.			
Cheque:	Please send slip and payment to the following a	address:		
	Autorité des marchés publics 525, boulevard René-Lévesque Est, 1 ^{er} étage, bureau 1.25 Québec (Québec) G1R 5S9			
Identity of t	the Applicant			
Name of the Applicant (Entity submitting the application)			NEQ (if applicable)	
Identity of	the Respondent or person to contact			
First and Last	name	Phone number		
Required fe	ee (non-refundable)			
Number of natural persons or entities concerned (X \$264) TOTAL:				_\$
Method of	payment			
☐ Cheque (pa	ayable to the Autorité des marchés publics)			
☐ Credit card	d: Uisa			
	☐ Mastercard			
	☐ American Express			