AUTORITÉ DES MARCHÉS PUBLICS | TRANSPARENCE ÉQUITÉ SAINE CONCURRENCE

DECLARATION OF THE INDIVIDUAL RELATED TO THE ENTERPRISE

IMPORTANT

Each individual having a business relationship with the enterprise must complete his own form.

1. Information about the enterprise holding or applying for an authorization

Full name of the enterprise (in case of a sole proprietorship : first and last names of the person operating it)

AMP client number (if applicable)

Québec enterprise number (NEQ, if applicable)

2. Information about the individual making this declaration

☐ Mrs ☐ Mr.

Last names

First names

Date of birth (yyyy/mm/dd)

3. Declaration

If the only relationship with the enterprise is Lender, complete the following two fields and go directly to section 4:

Amount of the loan: ☐ Nature of the loan: ☐

Otherwise, answer the following questions. (If the entity has received a pardon, still answer Yes.)

3.1 In the past five years, have you been found guilty of an offence listed in Schedule I of the *Act respecting contracting by public bodies* (ACPB)?

☐ Yes ☐ No

If you answered Yes, indicate the court file number: ☐

3.2 In the past five years, have you been prosecuted for or found guilty of any other criminal or penal offence committed in the course of your business?

☐ Yes ☐ No

If you answered Yes, indicate the court file number: ☐

3.3 In the past five years, have you been a shareholder, director, partner or officer of another enterprise, or have you had direct or indirect legal or *de facto* control over another enterprise?

☐ Yes ☐ No

If you answered Yes, in the past five years, has this enterprise been prosecuted or found guilty of an offence listed in Schedule I of the *Act respecting contracting by public bodies*?

☐ Yes ☐ No

If you answered Yes, indicate the name of this enterprise:

☐

Name of the contact person (if known): ☐

Telephone (if known): ☐

3.4 Is there any other information that the AMP should know in order to evaluate your integrity?

☐ Yes ☐ No

If you answered Yes, please provide details:

☐

If you answered Yes to one or more of these questions, please fill out the form *Information on offences* (www.amp.quebec/form-information-offences).

Full name of the individual	Signature	Date (yyyy/mm/dd)

4. Collect and use of personal information

The personal information included in this application is collected on behalf of the AMP under the *Act respecting contracting by public bodies* (ACPB) and its regulations and is confidential under the *Act respecting access to documents held by public bodies and the protection of personal information* (chapter A-2.1).

The information collected is necessary for the application of the ACPB and its regulations. It will be used to carry out the verifications provided for in Chapter V.1 of the ACPB before granting the requested authorization and at any time during the validity of the authorization.

It is mandatory to fully complete the application and provide the requested information. If the application is incomplete or the signatory refuses to provide the requested information, the AMP may reject the application.

Within the AMP, only authorized staff members may access the personal information in the performance of their duties. The person to whom personal information held by the AMP relates may access the information and have it corrected in accordance with the *Act respecting access to documents held by public bodies and the protection of personal information*.

5. Signature

- I declare having read and understood the questions and statements in this declaration.
- I declare that all information set out in this declaration is true and complete.
- I authorize the AMP to transmit the information obtained to its partners so that they can carry out the necessary verifications to enable the AMP to examine the integrity of the enterprise concerned by this declaration, all in application of the ACPB.
- I understand that any false or misleading statement constitutes an offence under section 27.5 of the ACPB.

Full name of the individual	Signature	Date (yyyy/mm/dd)

6. Additional consent (individual not domiciled in Quebec)

If the person completing the form is not domiciled in Québec, the following consent is required:

- I agree that the AMP and its partners may disclose the informations provided herein outside Québec to any local police force or local source of information as well as to the local fiscal authorities mentioned in section 5 of the *Regulation respecting certain conditions governing the application of Chapter V.1 of the Act respecting contracting by public bodies with respect to the integrity of enterprises*, and that they receive all information necessary for the audits. The location of the person concerned is the Canadian province or territory or other jurisdiction where the person is domiciled.

Full name of the individual	Signature	Date (yyyy/mm/dd)

7. Identification document

In a separate document, please attach to this form, duly completed and signed, a copy of an identification document issued by a government, or a government department or agency, and showing the photo, name and date of birth of the individual making this declaration. The ID must be valid at the time of application. Expired documents will not be accepted.

For any question: 1 888 335-5550