

AUTORITÉ DES MARCHÉS PUBLICS

Please complete a form for each Entity.

TRANSPARENCE ÉQUITÉ SAINE CONCURRENCE

Public contracts

Information about other controlled enterprises

The present form must be completed by any person or Entity that has answered "yes" to question 3 or 3b in Part 5 – Declaration of the "Relationship with the Applicant – Natural person – Level 2/3 and Lender", "Relationship with the Applicant – Entity – Level 2/3 or Lender", or in Part 3 – Declaration of the forms "Declaration (Natural person – Level 2/3 or Lender)" or "Declaration (Entity – Level 2/3 or Lender)".

Name of person or Entity filling out the present form Québec Enterprise Number (if applicable) Part 1 – Identification of controlled enterprise Name of controlled enterprise Québec Enterprise Number (if applicable) Address of head office No. Street Suite Province/State City Postal code Website (optional) Country

Fax

Main telephone



AUTORITÉ DES MARCHÉS ÉQUITÉ PUBLICS SAINE CONCURRENCE

TRANSPARENCE

Public contracts

Information about other enterprises controlled

Part 2 – Functions within the enterprise	
For natural persons only. If the present form is completed for an Entity, proceed to Part 3.	
Description of your functions:	
Period during which you performed these functions:	
From (dd/mm/yyyy) To (dd/mm/yyyy)	
Part 3 – Details about the infraction	
Section and name of the Act or Regulation that was contravened:	
Court case number:	
Details about the offence or charge:	
Name natural person or name of Entity's Signature	Date (dd/mm/yyyy)

authorized signatory