

Public contracts

Relationships with the Applicant (Entity – Level 2/3 or Lender)

This form must be completed by an authorized signatory of any Entity that has a relationship with **Applicant** (Level 2) – or with one of its shareholders¹ (**Level 3**) – applying for authorization to enter into/renew a public contract/subcontract.

Please complete a form for each Entity.

Part 1 – General information

1.1 Applicant

Applicant's name (Entity applying for authorization to enter into/renew a public contract/subcontract)

1.2 Information about the Entity

Name

Québec Enterprise Number
(if applicable)

Total number of shareholders (voting shares) or partners of the Entity

Please state the legal form of the Entity (check only one box):

☐ Legal person ☐ Partnership ☐ Trust ☐ Other

Description of control (number of shares, percentage of voting rights, value of partnership units, etc.) – **Not required for lenders:**

¹ In the present form, the term “Applicant’s shareholder” refers to any type of Entity that has control over the Applicant.

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Part 2 – Relationships with the Applicant or one of its shareholders

Please state ALL relationships that the Entity has with the Applicant (Level 2 – L2) or with one of its shareholders (Level 3 – L3) (**check all that apply**):

For any relationship with a shareholder of the Applicant (N3), provide the name of the shareholder.

Name of Applicant shareholder (Entity)

☐ Shareholder (Entity) that has control over:

☐ The Applicant (L2)

Description of control (number of shares, percentage of voting rights, value of partnership units, etc.):

☐ An Applicant's shareholder (L3)

Description of control (number of shares, percentage of voting rights, value of partnership units, etc.):

☐ Partner (Entity) that has control over:

☐ The Applicant (L2)

☐ An Applicant's shareholder (L3)

☐ Other Entity that has control over:

☐ The Applicant (L2)

Description of control (number of shares, percentage of voting rights, value of partnership units, etc.):

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☐ An Applicant's shareholder (L3)

Description of control (number of shares, percentage of voting rights, value of partnership units, etc.):

☐ Applicant's Lender (Entity) (L2)²

Amount of the loan:

Nature of the loan:

☐ Trustee (Entity) of the L2 trust (L3)

Part 3 – Contact information

Address of head office

No.

Street

Suite

City

Province/State

Postal code

Country

Website (optional)

Main telephone

Fax

² If "Applicant's Lender" is the only relationship disclosed in the present form, DO NOT COMPLETE Part 5 – Declaration.

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Part 4 – Declaration

If the only relationship disclosed is “Applicant’s Lender”, proceed to Part 6.

Answer the following questions. Please note that even if a pardon has been granted, you still need to answer “Yes” to the related question.

1. In the past five years, has the Entity been prosecuted for or found guilty of an offence listed in Schedule I of the *Act respecting contracting by public bodies*? Yes ☐³ No ☐

Questions 2 and 3 apply only to entities disclosing at least one Level 2 relationship.

2. In the past five years, has the Entity been prosecuted for or found guilty of any other criminal or penal offence committed in the course of its business? Yes ☐³ No ☐

3. a) In the past five years, has the Entity been a shareholder or a partner of another enterprise, or has it directly or indirectly had legal or *de facto* control over another enterprise? Yes ☐ No ☐

- b) If you answered “yes”, in the past five years, have any of these enterprises been prosecuted or found guilty of an offence listed in Schedule I of the *Act respecting contracting by public bodies*? Yes ☐⁴ No ☐

4. Is there any information you would like to provide which could be of interest to the Autorité des marchés publics (AMP) in connection with the application for authorization? Yes ☐ No ☐

If you answered “yes”, please provide details:

Name of Entity’s authorized signatory

Signature

Date (dd/mm/yyyy)

³ If you answered “yes”, please complete and join the “Information about offences” form.

⁴ If you answered “yes”, please complete and join the “Information about other enterprises controlled” form.

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Part 5 – Signature

I declare having read and understood the questions and statements in this application.

I declare that all information set out in this application is true and complete.

I acknowledge that the AMP will send the Associate Commissioner for Audits appointed under section 8 of the *Anti-Corruption Act* (c. L-6.1) the information obtained so that the Associate Commissioner may conduct the audits he considers necessary in order to provide the AMP with an advisory opinion on the enterprise concerned by the application for authorization, the whole pursuant to the *Act respecting contracting by public bodies* (c. C-65.1; 2012, c. 25).

I agree that, in connection with the application for authorization, the AMP may communicate to the enterprise or its respondent the recommendation of the aforementioned Associate Commissioner for Audits and any grounds in support of such recommendation.

I understand that under section 27.13 of the *Act respecting contracting by public bodies*, every person who helps another person to make a false or misleading statement to the AMP so that the Applicant may obtain, renew or keep an authorization is guilty of an offence and liable to a fine.

Name of Entity's authorized signatory

Signature

Date (dd/mm/yyyy)

Part 6 – Additional consent

If the Entity is not constituted under the laws of Québec and does not have its head office or an establishment in Québec where it primarily conducts its activities, the following consent is required:

I agree that the Associate Commissioner for Audits may communicate the information provided herein 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, and receive all information necessary for the audits. The location of the enterprise and the persons concerned is the Canadian province or territory or other jurisdiction where the enterprise primarily conducts its activities or, in the case of a natural person, where he or she is domiciled.

Name of Entity's authorized signatory

Signature

Date (dd/mm/yyyy)