

Public contracts

Relationships with the Applicant (Natural person – Level 2/3 and Lender)

This form must be completed by any natural person 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.

For an interpretation of the concepts of “officer”, “director” and “partner”, please refer to the *Guide for Enterprises* available on the Autorité des marchés publics (AMP) website, at www.amp.quebec.

Please complete a form for each natural person.

Part 1 – General information

1.1 Applicant's name

Name of the Applicant

(Entity applying for authorization)

1.2 Information about the natural person

☐ Mr.

☐ Ms.

Last and first name(s) (Must be **identical** to the name on the identification provided – See Part 4)

Date of birth
(dd/mm/yyyy)

Description of functions (not required for lender):

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

Public contracts

Relationships with the Applicant (Natural person – Level 2/3 and Lender)

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

Please state all the relationships that the natural person has with the Applicant (Level 2 – L2) or 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 (natural person) 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.):

☐ Director (natural person) of:

☐ The Applicant (L2)

☐ An Applicant's shareholder (L3)

☐ Partner (natural person) that has control over:

☐ The Applicant (L2)

☐ An Applicant's shareholder (L3)

☐ Officer (natural person) that has control over:

☐ The Applicant (L2)

☐ An Applicant's shareholder (L3)

Public contracts

Relationships with the Applicant (Natural person – Level 2/3 and Lender)

☐ Natural person operating the:

☐ The Applicant (L2)

☐ An Applicant's shareholder (L3)

☐ Other natural person 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.):

☐ Applicant's Lender (natural person) (L2)²

Amount of the loan:

Nature of the loan:

☐ Trustee (natural person) of the L2 trust (L3)

² If "Applicant's Lender" is the only relationship disclosed in the present form, do not complete Part 5 – Declaration.

Public contracts

Relationships with the Applicant
(Natural person – Level 2/3 and Lender)

Part 3 – Contact information

Home address

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| No. | Street | Apt. |
| <input type="text"/> | | <input type="text"/> |
| City | | Province/State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal code | Country | Personal telephone |
| <input type="text"/> | | |
| E-mail address | | |

Part 4 – Information about the identification document



Provide, **on a seprate page**, a copy of an identification document issued by a government, or a government department or agency, and showing the person's name and date of birth.

Public contracts

Relationships with the Applicant (Natural person – Level 2/3 and Lender)

Part 5 – Declaration

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

Please answer the following questions. Even if you have obtained a pardon, you must answer “yes” to the question asked:

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*? Yes ☐³ No ☐

Questions 2 and 3 apply only to natural persons disclosing at least one Level 2 (L2) relationship.

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 ☐³ No ☐

3. a) 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 ☐

- 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 AMP in connection with the application for authorization? If you answered “yes”, please provide details: Yes ☐ No ☐

Name of natural person

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.

Public contracts

Relationships with the Applicant (Natural person – Level 2/3 and Lender)

Part 6 – Collection and use of personal information

The personal information contained in this form as well as the information provided by the enterprise is collected on behalf of the AMP under the *Act respecting contracting by public bodies* (ACPB) (c. C-65.1; 2012, c. 25) and the regulations made thereunder, and such information is confidential pursuant to the *Act respecting access to documents held by public bodies and the protection of personal information* (the “Act respecting access”) (c. A-2.1). The information collected is necessary for purposes of the ACPB and the regulations made thereunder. It will be used so that the audits provided for in Chapter V.2 of the ACPB can be conducted before the requested authorization is granted and at all times while the authorization is valid. Failure to provide such information may result in the refusal of the application for authorization.

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.

Part 7 – Signature

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

I declare that all information set out in this form 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 ACPB.

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 ACPB, 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 natural person

Signature

Date (dd/mm/yyyy)

Public contracts

Relationships with the Applicant (Natural person – Level 2/3 and Lender)

Part 8 – Additional consent

If the person completing the form is not domiciled in Québec, 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 natural person

Signature

Date (dd/mm/yyyy)