This declaration form (the “Declaration”) must be completed by any natural person declaring a level 2 relationship with the enterprise (the “Applicant”) applying for authorization to enter into/renew a public contract/subcontract (the “Application”).

The Declaration must be completed in full to be accepted by the Autorité des marchés publics (the “AMP”).

Please complete a Declaration for each level 2 natural person.

Part 1 – Identification

Name of level 2 natural person

(Must be identical to the name on the identification provided and in the disclosed relationship.)

Name of Applicant

AMP client number

Part 2 – Declaration by level 2 natural person

Section I – Declaration

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

1. In the past five years, have you been prosecuted for or found guilty of an offence listed in Schedule I of the Act respecting contracting by public bodies (the “ACPB”), CQLR, c. C-65.1?

   Yes □    No □

   If you answered “yes,” please provide information about the offence(s) in section II.
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?

   If you answered “yes,” please provide information about the offence(s) in section II.

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 that was prosecuted for or found guilty of an offence listed in Schedule I of the ACPB?

   If you answered “yes,” please list in section III any other enterprise that was prosecuted for or found guilty of an offence and disclose in AMP E-Services for each one the relationship type “Other controlled enterprise that was prosecuted for or found guilty of an offence listed in Schedule 1 of the ACPB”.

4. Do you have any other information regarding the Application that could be of interest to the AMP?

   If you answered “yes,” please provide details below.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
Section II – Information about offences

If you answered “yes” to questions 1 and/or 2 in section I, please provide the following information for each offence:

Section and name of statute:

Court case number:

Details about the offence (e.g., facts and circumstances):

If you were found guilty, did you obtain a pardon?

Please photocopy this page if you need more space.
Section III – Other enterprises controlled in the past five years that were prosecuted for or found guilty of an offence listed in Schedule 1 of the ACPB

If you answered “yes” to question 3 in section I, please list below all other enterprises you controlled that were prosecuted for or found guilty of an offence.

<table>
<thead>
<tr>
<th>Name</th>
<th>NEQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section and name of statute: ____________________________________________________________

Court case number: ________________________________________________________________

Details about the offence (e.g., facts and circumstances): ________________________________

______________________________________________________________________________

______________________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>NEQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section and name of statute: ____________________________________________________________

Court case number: ________________________________________________________________

Details about the offence (e.g., facts and circumstances): ________________________________

______________________________________________________________________________

______________________________________________________________________________

Please photocopy this page if you need more space.
Part 3 – Collection and use of personal information

The personal information contained in the Declaration as well as the information provided by the Applicant is collected on behalf of the AMP under the ACPB 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.

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 4 – Signature

I declare having read and understood the questions and statements in the Declaration.

I declare that all information provided in the Declaration is true and complete. I understand that the Declaration must be completed in full to be accepted by the AMP.

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 to provide the AMP with an advisory opinion on the Applicant, the whole pursuant to the ACPB.

I agree that, in connection with the Application, the AMP may communicate to the Applicant 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 Level 2 natural person
(Must be identical to the name on the identification provided and in the disclosed relationship)

Signature

Date (yyyy/mm/dd)
If the person completing the Declaration 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 of the Autorité des marchés publics under an Act respecting contracting by public bodies, and receive all information necessary for the audits. The location of a natural person is the Canadian province or territory or other jurisdiction where he or she is domiciled.

Name of Level 2 natural person
(Must be identical to the name on the identification provided and in the disclosed relationship)

Signature

Date (yyyy/mm/dd)