



Application for Supplementary Import Permit Continuation of Application Results of Discussions with Suppliers of Product Sourced by Agency

Application No.: _____
Date: _____

1. Information about Applicant:

Firm Name: _____
Contact Name: _____
Fax: _____ Telephone: _____
EICB File Number: _____

2. Request (One product per request):

Product Name: _____
Product Code: _____
Delivery Dates: _____

3. Results of Discussions with Suppliers of Product Sourced by Agency:

Date: _____ Supplier: _____
Contact Name: _____ Telephone: _____
Product Offered: _____
Quantity (in kilograms): _____ Price: _____
Bought or Refused: _____ If refused, please indicate reason: _____

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Product Offered: _____
Quantity (in kilograms): _____ Price: _____
Bought or Refused: _____ If refused, please indicate reason: _____

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 Contact Name: _____ Telephone: _____
 Product Offered: _____
 Quantity (in kilograms): _____ Price: _____
 Bought or Refused: _____ If refused, please indicate reason: _____

Declaration

I declare that the above information and any supplementary information supplied by me is correct. I am aware that this information will be used to assess my request for an import permit. I am aware that section 17 of the Export and Import Permits Act forbids anyone from willfully submitting false or misleading information or knowingly making any misrepresentation in any application in order to procure an import permit.

 Signed

 Name (printed or typed)

SEND TO :
 Export and Import Controls Bureau
 Trade Controls Policy Division (EPM)
 P.O. Box 481, Station "A"
 Ottawa, Ontario
 K1N 9K6
 Telephone (613) 995-7765
 Fax (613) 996-0612