

REQUEST FOR ASSIGNMENT OF A NATO COMMERCIAL AND GOVERNMENT ENTITY (NCAGE) CODE

SECTION A - TO BE COMPLETED BY CANADIAN COMMERCIAL CORPORATION

1. REQUESTING GOVERNMENT AGENCY/ACTIVITY

NAME AND ADDRESS:

CANADIAN COMMERCIAL CORPORATION
 Suite 1100
 50 O'Connor St.
 Ottawa, Ontario
 K1A 0S6

2. INITIATOR

a. TYPED NAME (<i>Last, First Middle Initial</i>)	b. OFFICE SYMBOL	c. SIGNATURE	d. TELEPHONE NO.
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SECTION B - TO BE COMPLETED BY CANADIAN FIRM

1. FIRM

a. NAME (<i>include Branch of, Division of, etc.</i>)	b. ADDRESS (<i>Street, City, State and Zip Code</i>)
c. NCAGE CODE (<i>If previously assigned</i>)	

2. IF FIRM PREVIOUSLY OPERATE UNDER OTHER NAME (S) OR OTHER ADDRESS(ES) SPECIFY THE PREVIOUS NAME(S) AND/OR ADDRESS(ES) (*Use separate sheet of paper, if necessary*)

3. PARENT COMPANY AND AFFILIATED FIRMS (*X one, and complete as applicable*)

	a. NONE
	b. CURRENTLY AFFILIATED WITH OTHER FIRMS (<i>List name(s) and address(es) of such firms on a separate sheet of paper</i>)
	c. PREVIOUSLY AFFILIATED WITH OTHER FIRMS (<i>List name(s) and address(es) of such firms on a separate sheet of paper</i>)

4. PRIMARY BUSINESS CATEGORY (*X one*)

5. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE(S)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; border: none;">a. MANUFACTURER</td></tr> <tr><td style="width: 50%; border: none;">b. DEALER/DISTRIBUTOR</td></tr> <tr><td style="width: 50%; border: none;">c. CONSTRUCTION FIRM</td></tr> <tr><td style="width: 50%; border: none;">d. SERVICE COMPANY</td></tr> <tr><td style="width: 50%; border: none;">e. SALES OFFICE</td></tr> <tr><td style="width: 50%; border: none;">f. OTHER (<i>Specify</i>)</td></tr> </table>	a. MANUFACTURER	b. DEALER/DISTRIBUTOR	c. CONSTRUCTION FIRM	d. SERVICE COMPANY	e. SALES OFFICE	f. OTHER (<i>Specify</i>)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; border: none;">a. PRIMARY:</td></tr> <tr><td style="width: 50%; border: none;">b. OTHER (<i>Specify</i>):</td></tr> </table>	a. PRIMARY:	b. OTHER (<i>Specify</i>):
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a. PRIMARY:									
b. OTHER (<i>Specify</i>):									

6. REMARKS

7. FIRM OFFICIAL

a. TYPED NAME (<i>Last, First, Middle Initial</i>)	b. DATE SIGNED (<i>YYMMDD</i>)	c. SIGNATURE	d. TELEPHONE NO
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Instructions follow

INSTRUCTIONS FOR COMPLETING REQUEST FOR NCAGE CODE FORM

SPECIFIC INSTRUCTIONS

SECTION A - TO BE COMPLETED BY THE INITIATING GOVERNMENT ACTIVITY	SECTION B - (Continued)
Item 1: Self-explanatory.	Item 4: Self-explanatory.
SECTION B - TO BE COMPLETED BY THE CANADIAN FIRM	Item 5: The SIC Code is a Government Index used to identify business activity and indicates the function (manufacturer, wholesaler, retailer, or service) and the line of business in which the company is engaged. If multiple SIC Codes, indicate the primary first, next important, etc. (If you do not know the SIC codes for your business you may obtain them from the internet at www.theodora.com/sic_index.html under the SIC code icon. At least one code is required)
Items 1a and 1b: Self-explanatory.	Items 6 and 7: Self-explanatory.
Item 1c: If a NCAGE Code (Type A or Type F) was previously assigned, enter it in this block.	<p>NOTE: When any future changes are made to the coded facility; i.e., name change, location change, business sold or operations discontinued, etc., written notification stating the appropriate change should be sent to:</p> <p style="text-align: center;">Canadian Commercial Corporation 1100-50 O'Connor St. Ottawa, ON K1A 0S6 Tel: (800) 748-8191 Fax: (613) 995-2121</p>
Item 2: Self-explanatory	
Item 3: If a block other than "None" is marked, identify the Parent company and a (P) beside the firm name.	