



| <b>CONTRACTOR INFORMATION (**to be filled out by the Contractor**)</b>  |   |
|---|---|
| Company Name or Individual Providing the Service (including DBA ("Doing Business As") name) as will appear on invoice:  |   |
| Remittance Address:   |   |
| Courier/Delivery Address (if different from the Remittance Address):  |   |
| Payable to Name:  |   |
| Contact Name (if different from Payable to Name):   |   |
| Phone #:  |   |
| Fax #:  |   |
| Email Address:  |   |
| SIN # (only required if payment is to be made to an individual without a GST #):  |   |
| WCB # (if none, please specify the reason):   | No WCB because sole proprietor with no employees:                                       |
| CRA-BN GST #:   |   |
| BC PST #:   |   |
| Business # (if different from GST #):   |   |
| If no GST #, is it because the Contractor qualifies as a Sec. 148 Small Supplier?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                |
| Is the Contractor a UVic employee?<br><br><i>*UVic policy prohibits employees from being contractors for the same work concurrently. For more information and help determining employment relationship click <a href="#">here</a></i> | YES <input type="checkbox"/> NO <input type="checkbox"/>                                |
| Does the Contractor have adequate Insurance coverage to perform the services and can provide COI ("Certificate of Insurance") evidencing such coverage upon request?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                |
| Currency of funds to be paid for the Services   | CAD <input type="checkbox"/> USD <input type="checkbox"/><br><br>OTHER (please specify) |