Shooniyaa Wa-Biitong Training and Employment Centre for the Treaty No. 3 Area

BASIC EMPLOYER/INSTITUTION INFORMATION (To be completed with contract)

Name of Employer/Institution:			File Number (Official Use Only)			
Legal Name of Employer:				# of Years in Business		
Mailing Address:				Postal Code:		
City/Town:				Province:		
Project Location:						
Legal Signing Officers (those etc.)	e who have legal a	authority to sign	the contra	ct, any a	amendments, reports,	
Title		Name		Specimen Signature		
1.						
2.						
3.						
4.						
How many of the above sign a legal agreement?	atures, and in wh	at combination,	are require	ed to bin	d your organization in	
	Person Res	sponsible for B	Books			
Name:		Business Phone #:		Business Fax #:		
Name of Bank:		Account #(s):		Type of Account:		
Address:		<u> </u>	Province):	Postal Code:	
City:			Spare Account for Project:			
				□Yes	\square No	