

**Vendor creation/change request form**

Please fill this electronic form

REQUEST TYPE <small>(Please select)</small>
<b>New vendor creation</b>
<b>Vendor file update # _____</b> Please describe:

GENERAL INFORMATION				
<b>Vendor name</b> <small>*for companies, please also include your legal name (if applicable)</small>	Name			
<b>Address</b> <small>For electronic payments, we require the address on the beneficiary's account</small>	Address			
	City	Province/State	Country	Postal Code
<b>Remit address</b> <small>If different than the address described above</small>	Address			
	City	Province/State	Country	Postal Code
<b>Communication</b>	Phone :		Email :	

<b>Contact Info*</b> <small>(Please provide 2 contact names)</small>  <small>*The contact email will receive a deposit confirmation if paid by direct deposit method.*</small>	1)	Phone :
		Email :
	2)	Phone :
		Email :

ADDITIONAL INFORMATIONS REQUIRED			
** Please enter all applicable information **			
<b>Canadian Residents</b>	Business Number (only in the absence of GST/HST)	GST/HST	Prov. Tax# (PST, QST...)
	Charity Organisation	S.I.N	Other/Non-applicable (describe)
<b>American Residents</b>	W-9	SSN No.	Other/Non-applicable (describe)
<b>Other</b>	Registration No. or VAT/tax No.		Other/Non-applicable (describe)

For CBC/Radio-Canada internal use only	
<b>ZN partner</b> (E-Plaza)  Email :	Special instructions, Contract services :

Continuation of form and signature required on next page (...)

<b>BANKING INFORMATION</b>			
<b>Payment Currency</b>	CAD	USD	Other (Please describe) :
<b>Bank Informations</b>	Bank name :		
	Address :		
	City/Prov./State		Country/Postal code
<b>** A void cheque sample is required as an official banking information, please join a copy with this form **</b> If a cheque cannot be provided the applicant is responsible for obtaining the necessary document from their financial institution.			
<b>Beneficiary Name</b> <small>(As it appears on the bank account)</small>	Name :		
<b>Canadian EFT</b> <small>Electronic Funds Transfer in Canadian dollars to a Canadian banking institution</small>	Account No. :	Branch No. :	Transit No. :
<b>US ACH</b> <small>Direct deposit in US dollars to a banking institution in the USA</small>	Account No. :	ABA No. :	ACH No. :
<b>Wire Transfer*</b> <small>Funds transfer to a banking institution outside of Canada and USA for any currency (CAD, USD or other)</small>	Account No. :	SWIFT Code :	IBAN No. :
	<b>INTERMEDIARY BANK (REQUIRED for any CAD payments in a EURO Bank account )</b>		
	Bank name :		SWIFT Code (BIC) :

<p>I, the undersigned, confirm the information provided on this form is true and accurate.</p> <p><u>AUTHORIZATION (if applicable)</u> I have the signing authority for the above named beneficiary account hereby authorize CBC/Radio Canada to deposit payments directly to the above noted account</p>	
<b>Request completed by :</b>  CBC/Radio-Canada employee : _____  Employee of named company	<b>Signature:</b> <small>** (You can add an electronic signature by clicking in this box)</small>  _____  <b>Name:</b>  _____
<b>Date:</b> (DD/MM/YY)	<b>Title:</b>  _____

<p><u>Please note :</u></p> <ol style="list-style-type: none"> <li><b>Please note that CBC/Radio-Canada's terms of payments are net 45 days , as of the invoice date, without late penalties or interest</b> (unless otherwise agreed in writing or required by law).</li> <li><b>Forms without the applicant's signature will not be accepted, unless a valid explanation is provided.</b></li> <li><b>In the event that payment is sent in error to an applicant's account, the applicant agrees to inform us and immediately</b></li> </ol> <p>It is the policy of the CBC/Radio-Canada to control the collection, use and disclosure of personal information in accordance with all requirements set out in the Personal Information Protection and Electronic Documents Act. Exemption may apply. (CBC/Radio- Canada Policy Personal Information and Privacy Protection)</p> <p>CBC/Radio-Canada reserves the right, under their authority and jurisdiction, for any reason, to terminate electronic funds transfer privileges and take the necessary steps for the issuance of a cheque.</p>	<p style="text-align: center;"><b>Once completed and signed, Please return the form</b></p> <p style="text-align: center;">For external suppliers of goods and services paid by the Accounts payable department</p> <p style="text-align: center;"><b>BY EMAIL</b> <a href="mailto:sapvema@cbc.ca">sapvema@cbc.ca</a></p> <p style="text-align: center;"><b>BY MAIL</b> CBC/RADIO-CANADA P.O BOX 3921 OTTAWA (Ontario) CANADA K1Y 1M5</p>
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