

APPENDIX B

DIRECT SUPPLIER OR RETAILER

CONFIRMATION OF COMPLIANCE FORM

PART 1 – DIRECT SUPPLIER OR RETAILER INFORMATION:

Company/Business Name:

Street Address:

Prov./State: _____ Country: _____

Postal Code/Zip: _____

Mailing address (if different) :

Contact Person/Position:

Phone number: _____ Fax number: _____

Email address: _____

Areas of Policy non-compliance (please attach explanation and plan with timelines for compliance):

PART 2 – VERIFICATION OF POLICY COMPLIANCE

I hereby certify that I have read and fully understand the University of Ottawa Ethical Purchasing Policy (the “Policy”) provided to me by the University of

Ottawa. I have collected forms for all suppliers and subcontractors involved in the production of the product(s) subject to the Policy. I will keep these documents on file and make them accessible to representatives of the University of Ottawa upon request. To the best of my knowledge, I am not aware of any areas of non-compliance with the Policy within this supply chain other than those made note of in this document. I also agree to notify the University of Ottawa of any changes with the supply chain or with the compliance of any supplier or subcontractor listed below. To the best of my ability I will ensure that this supply chain meets or exceeds the requirements of the Policy.

Date: _____

Owner/Operator Name (please print):

Signature: _____

PART 3 - DISCLOSURE INFORMATION

Please fill out the following information for each step in the supply chain (subcontractors, etc.). (Photocopy and add additional sheets as necessary).

Company/Business Name:

Street Address:

Prov./State: _____ Country: _____

Postal Code/Zip: _____

Mailing address (if different) :

Contact Person/Position:

Phone number: _____ Fax number: _____

Email address: _____

Areas of Policy non-compliance (please attach explanation and plan with timelines for compliance):

Company/Business Name:

Street Address:

Prov./State: _____ Country: _____

Postal Code/Zip: _____

Mailing address (if different) :

Contact Person/Position:

Phone number: _____ Fax number: _____

Email address: _____

Areas of Policy non-compliance (please attach explanation and plan with timelines for compliance):
