



## Supplier Self-Declaration Form

Supplier Name	<input type="text"/>		
Primary Contact	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
		Postal Code	<input type="text"/>

The information collected is intended to establish statistical data that will allow KPCL to evaluate our progress and effectiveness in procurement practices to increase engagement with Indigenous, Visible Minority, and Women owned businesses. While your participation is voluntary, all feedback is appreciated.

### Vendor/Supplier Categories

*Check the box(es) below to declare Vendor/Supplier diversity category. Check all boxes that apply.*

<b>Indigenous Owned Supplier</b>	A vendor/supplier with at least 51% Indigenous (First Nations, Métis or Inuit) ownership.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Women Owned Supplier</b>	A vendor/supplier with at least 51% women ownership.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Women Led Supplier</b>	A vendor/supplier with women participation on executive/board level.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Visible Minority Owned Supplier</b>	A vendor/supplier with at least 51% person(s) other than Indigenous persons who is non-Caucasian in race or non-white in colour ownership.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check the following box if the above categories do not apply or you do not wish to self-declare.		<input type="checkbox"/> N/A

*If you answered "yes" to any of the questions above, please complete the "Proof of Ownership" form on the corresponding page and return to [hr@kpcl.ca](mailto:hr@kpcl.ca).*

By signing below, I certify that I am an authorized representative of the above-named vendor/supplier and that the information and declaration are true and complete to the best of my knowledge.

Name (Please Print)

Title

Signature

Date

**Ownership Structure Type (Choose One)**

- Sole Proprietorship       Limited Liability Partnership       Non-Profit Corporation  
 Partnership       Corporation       Co-operative

<b>Business Owner(s)</b>	<b>Indigenous, Visible Minority and/or Woman</b>	<b>% Ownership/Control</b>

<b>Leadership Team</b>	<b>Indigenous, Visible Minority and/or Woman</b>	<b>% Led</b>

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Name (Please Print)

Title

Signature

Date