

November 2, 2023

ADDENDUM No. 2

RFP No: RFP SEN-046 23/24

Title: RESOURCE MANAGEMENT SYSTEM (ERP) THREAT AND RISK ASSESSMENT (TRA)

The following shall be read in conjunction with and shall form an integral part of the Bid and resulting Contract documents. All other terms and conditions remain the same.

Attached please find **ANNEX "F" – SUPPLIER CREATION AND DIRECT DEPOSIT ENROLLMENT FORM** that was omitted from the RFP package.

Shirley Chartrand Sr. Procurement Advisor The Senate of Canada <u>Proc-app@sen.parl.gc.ca</u>

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FINANCE AND PROCUREMENT DIRECTORATE DIRECTION DES FINANCES ET DE L'APPROVISIONNEMENT

SUPPLIER CREATION AND DIRECT DEPOSIT ENROLLMENT FORM

INSTITUTION – Please select:	SENATE OF CANADA		OFFICE OF THE SENATE ETHICS OFFICER		
ACTION REQUIRED – Please select:	SUPPLIER CREATION		SUPPLIER MODIFICATION		
REASON FOR ACTION OR COMMENT:					
SECTION 1 – SUPPLIER DETAILS – Please print					
LEGAL NAME			TELEPHONE		
REMITTANCE NAME (if different from the legal name)			SUPPLIER URL ADDRESS (if applicable)		
ADDRESS					
STREET			СІТҮ	СІТҮ	
POSTAL CODE PROVINCE			COUNTRY		
REMITTANCE ADDRESS (if different from above address)					
STREET			CITY		
POSTAL CODE PROVINCE					
	FROVINCE				
CORPORATION: CANADIAN U.S. OTHER FOREIGN COUNTRY TAX-EXEMPT					
CONTRACTOR/SOLE PROPRIETOR (INDIVIDUAL CHARGING SALES TAXES)		Please indicate your HST/GST number			
CONTRACTOR/SOLE PROPRIETOR		Please indicate your SO	CIAL INSURANCE NU		
(INDIVIDUAL IS NOT CHARGING SALES TAXES)					
<u>SECTION 2 – SUPPLIER PAYMENT DETAILS</u>					
CANADIAN DOLLARS OTHER CURRENCY (by cheque only)					
METHOD OF PAYMENT					
	DIRECT DEPOSIT (C\$ only)* *Please attach a blank cheque with "VOID" written on or			SENATE CREDIT CARD	
other related banking documents (<u>recommended)</u> DIRECT DEPOSIT EMAIL PAYMENT NOTIFICATION					
e EMAIL ADDRESS 1		e EMAIL ADDRESS 2			
SECTION 3 – CONSENT *					
*Note: If a corporation, an authorized signing officer must complete and sign this form. I give my consent to the Senate of Canada to pay the invoices for the supplier identified in Section 1 through direct deposit to the financial institution					
that I have designated using the attached cheque with "VOID" written on it or my other attached related banking documents.					
CONTACT NAME		TITLE			
SIGNATURE DATE					

For contrat or Purchase order please submit this completed and signed form (and supporting documents) to the Procurement Division of the Senate by e-mail to

For invoice please submit this completed and signed form (and supporting documents) by e-mail to