

PRESCRIBED FORM: SUPPLIER ACCOUNT INFORMATION

SUBMIT BY E-MAIL (PDF WITH SIGNATURE) TO CONTRACT MANAGEMENT:

FIT.Contract@ieso.ca

Capitalized terms not defined herein have the meanings ascribed thereto in the FIT Contract, and for the purposes of FIT Contract version 3.1, the "IESO" refers to the Sponsor.

Date	
Legal Name of Supplier	
FIT Contract Identification #	(the "FIT Contract")
Contract Date	
FIT Contract Version	<input type="checkbox"/> Version 1.3 <input type="checkbox"/> Version 1.5 <input type="checkbox"/> Version 2.1.1 <input type="checkbox"/> Version 3.0.1 <input type="checkbox"/> Version 3.1

Pursuant to Section 4.2(c) of the FIT Contract, the Supplier is hereby submitting this completed Prescribed Form: Supplier's Account Information to the IESO. No notice delivered pursuant to the FIT Contract will be deemed to be notice for any other purpose, including any obligation to provide notice pursuant to the IESO Market Rules

ADD/REPLACE	
HST Number	
Bank	
Bank Address	
Account Name	
Account Number	
Transit Number	

Signed this _____ day of _____, _____

Per: _____
Name: _____
Title: _____

I have the authority to bind the Supplier.