



**Declaration of Vendor Name Change/Amalgamation/Assignment of Contract**

This form is required to be completed by a Vendor who is in a contract with the City and is requesting a change to the contract as a result of either:

- a change to their corporate name or status; or
- intent to assign or transfer the contract to another entity.

As provided in the Standard Terms and Conditions of Contract, the vendor shall not assign, transfer, convey, sublet or otherwise dispose of his /her contract or right, title or interest therein, or power to execute such contract without the previous written consent of the City’s authorized representative. The consent of the City shall be in the form of a revised Purchase Order Contract, duly authorized by Materiel Management. The City reserves the right to decline a request for assignment of a contract at its sole and absolute discretion.

It is mutually understood and agreed that all terms, conditions, specifications, requirements and pricing etc. as set out in the original contract shall remain unchanged and in full force, unless changes are specifically approved by change order contract duly authorized by Materiel Management.

**ORIGINAL VENDOR INFORMATION**

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

HST #: \_\_\_\_\_

List **all** current projects/contracts with the City along with applicable City contract/purchase order numbers; include all projects/contracts with all City divisions:

PROJECT	CONTRACT /PURCHASE ORDER #	CONTRACT MANAGER

**REVISED VENDOR NAME OR ASSIGNEE INFORMATION**

Legal Name \_\_\_\_\_

Address: \_\_\_\_\_

HST #: \_\_\_\_\_

Reason(s) for this request:

- Name change
- Amalgamation
- Merger
- Assignment

Please send the following documents with signed Declaration form to: [purchasing@mississauga.ca](mailto:purchasing@mississauga.ca)

- Copy of all Corporate Articles, certified by incorporating jurisdiction (Articles of Incorporation, Articles of Amendment, etc.)
- Revised WSIB Clearance Certificate, if applicable
- Revised Certificates of Insurance for all current City contracts (if applicable); use City template found at [http://www7.mississauga.ca/documents/FormsOnline/Instructions\\_CertificateofInsurance.pdf](http://www7.mississauga.ca/documents/FormsOnline/Instructions_CertificateofInsurance.pdf)

By my signature hereunder, I declare that the above information is true and that this request is made in good faith, without conflict of interest or any irregularity or impropriety, and I am authorized to bind the firm.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Affix Corporate Seal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR INTERNAL USE**

**Documents reviewed and approved by:**

Legal Services:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**New contract required:**

**Y** \_\_\_ **N** \_\_\_