



## INDIGENOUS SUPPLIER REGISTRATION FORM

Please complete and submit to [purchase@uregina.ca](mailto:purchase@uregina.ca)

The University of Regina’s Indigenous Supplier Directory is designed to support Indigenous businesses in the pursuit of public procurement opportunities. To be designated as an Indigenous supplier, a business must meet the following criteria:

- Sole proprietorship, limited company, cooperative, partnership or not-for-profit organization in which Indigenous peoples own and control at least 51% of the enterprise.
- For joint ventures eligible Indigenous businesses can partner with non-Indigenous businesses. The Indigenous business needs to demonstrate that 33% of the value of the work performed under the contract will be performed by the Indigenous business.

Having a business profile in the directory will increase business visibility and provide opportunities to participate in the University of Regina’s public procurement process. Information collected will assist in creating a supplier profile.

### 1. GENERAL INFORMATION

Company Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Ownership Structure: \_\_\_\_\_

*(Limited Company, Partnership, Sole Proprietorship)*

### 2. INDUSTRY SELECTION

Automobile

High Tech and Electronics



- Agriculture
Building Materials
Chemicals
Consumer Products
Consulting
Construction
Engineering
Forest Products and Paper
Furniture

- Higher Education and Research
Hospitality
Industrial Machinery and Components
Media
Office Equipment and Stationery
Service Provider
Telecommunications
Transportation and Storage
Other: \_\_\_\_\_

3. QUALIFICATIONS

Supplier to provide a statement as to their qualifications and provide product and services being offered to the University of Regina.

Five horizontal lines for providing a statement of qualifications.

4. SALES SUPPORT

Does your company service the product(s) it sells? [ ] Yes [ ] No

If no, please provide service details. \_\_\_\_\_

5. CUSTOMER REFERENCES

Provide three (3) Company names and contact information of references you have done business with in the past five (5) years.



Company Name	Position/Title	Email	Contact Number

**6. ADDITIONAL INFORMATION**

What other information is not requested here which you believe the University of Regina should consider in evaluating your company?

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Submitted by: \_\_\_\_\_

(Please print your name and title)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(DD/MMM/YYYY)