

NOHFC APPLICATION FORM

Northern Energy Program (Energy Conservation)

Applicant Name (exact legal)

Operating As (if applicable)

Type of Legal Entity

Date Business Registered/Incorporated and Registration # (if applicable)

Under Laws Of

Mailing Address

Province

Postal Code

Telephone
() -

Fax
() -

E-mail

Project Location

Lead Contact

Project Description

Project Benefits

Start Date

Completion Date

Notice and Consent to the Collection, Use and Disclosure of Personal Information

From: _____
(print name of consenting individual)

To: Northern Ontario Heritage Fund Corporation ("NOHFC")

Re: _____ ("the Applicant")
(print name of Applicant)

Application for funding under the [choose one]

- Enterprise North Job Creation Program
- Emerging Technology Program (Private Sector)
- Northern Energy Program

("the Application")

Notice: Personal information that is contained in the Application is collected pursuant to s. 39(1) of the Freedom of Information and Protection of Privacy Act, RSO 1990, c.F.31 and will be used to administer the program identified above and for the other purposes set out below. Questions about the collection of this personal information may be addressed to the Executive Director, Northern Ontario Heritage Fund Corporation, Suite 200, Roberta Bondar Place, 70 Foster Drive, Sault Ste. Marie ON P6A 6V8, tel. 1-800-461-8329 or 705- 945-6700.

Required Information:

Social Insurance No.: _____
(Indicate the consenting individual's SIN)

% of ownership: _____
(Indicate the % of consenting individual's ownership in Applicant's business)

Consent:

I am a principal (shareholder, director, officer or partner) of the Applicant.

By signing this consent, I affirm that the personal information about me that is contained in the Application is true.

I consent to the collection, use and disclosure of my personal information by (i) the Applicant, for purposes of submitting the Application, and (ii) NOHFC or its authorized program administrator ("Administrator"), for the purpose of assessing the Application and administering the program identified above, including obtaining a credit bureau report concerning me and verifying my personal information contained in the Application.

I consent to NOHFC and Administrator collecting, using, disclosing, verifying, sharing and exchanging credit and other information about me with others, including credit bureaus, banks and other persons and entities with whom I have financial dealings, provided that such collection, use and disclosure is reasonably necessary for the assessment of the Application and administration of the program identified above. I agree to take such steps as may be necessary to authorize my banker(s), accountant, solicitor and insurance agent to disclose to NOHFC and Administrator such information as may be required for the purposes set out above.

_____ Signed by: _____

_____ (signature of consenting individual)

_____ Date: _____