AGREEMENT TO MAINTAIN RECORDS IN CANADA

The purpose of this form is to record and set out the agreement made – between the importer and Canada Border Services Agency – concerning the availability of records, relating to the goods for verification purposes.

This Agreement must be completed in full, and the <u>ORIGINAL</u> must be forwarded to the address indicated at the bottom of this form.

An incomplete and/or incorrect application will be denied and returned for proper completion.

A copy of this Agreement should be held for your records.

I/We,

Non-Resident Importer Program

Canada Border Services Agency

Trade Operations Division

Legal Company Nam	е					
indortaka that our ra	cords will be made availab	do in Canada unon roques	t at the following addre	oss or at a location to be det	orminad by the Canada Border	
		the records be requested:	t at the following addre	ess of at a location to be dete	ermined by the Canada Border	
Business Street Add	dress					
City	State / Province	Postal / Zip Code	Country	Telephone	Facsimile	
City	State / Province	Postal / Zip Code	Country	relepriorie	racsimile	
Business Mailing Ad	ddress (If different from ab	ove)				
C:b.	Ctata / Dravinas	Destal / Zin Code	Couration	Talanhana	Fassissila	
City	State / Province	Postal / Zip Code	Country	Telephone	Facsimile	
	ress (if different from Busin		- A: C4			
City City	State / Province	t Road, Suite 223 Th Postal / Zip Code	Country	Telephone	Facsimile	
Mississauga	Ontario	L4V 1R9	Canada	9056726255	9056766144	
	dress (If different from abo		Canaua	7030720233	7030700144	
		,				
City	State / Province	Postal / Zip Code	Country	Telephone	Facsimile	
Çanada Revenue Age	nov Rusinoss No *					
Janada Revende Age	RM					
The BN must be provide		of the following: a 9-digit Bus	iness Number followed h	ov a 4-digit RM extension		
				tact the Canada Revenue Agen	cy at 1-800-959-5525.	
famalia da de de de	h	- L		and and other test		
Tappiicable, provide to Customs Brokerage (okerage presenting this form	n and the agent's name Agent's Name	and the agent's name and contact information. Agent's Name		
Cole Internation			Consulting Department			
Business Street Addr			0011501101119			
5955 Airport Ro	oad, Suite 223 The Ai					
City	State / Province	Postal / Zip Code	Country	Telephone	Facsimile	
Mississauga	Ontario	L4V 1R9	Canada	9056726255	9056766144	
///a la a		innanciae (Tour double tour		-t	and a second accordance to the second and a second and	
/vve nave read, under orm.)	stood, and agree with the r	oregoing. (Two signatures a	are required. If there is of	nly one signing officer, a corpora	ate seal must be imprinted on this	
1. Signing Officer						
Name (please print)		Signature (BLUE INK ONLY)		Title	Date (yy-mm-dd)	
2. Signing Officer						
Name (please print) Signature (Pu		Signatura /Button	IIV ONII V)	Title	Data (ver mm dd)	
Name (please print)		Signature (BLUE IN	Signature (BLUE INK ONLY)		Date (yy-mm-dd)	
·			·			

The ORIGINAL Agreement must be forwarded to the following address:

MAILING ADDRESS

PO Box 7000 Stn A

Mississauga ON L5A 3A4

Telephone: 905-803-5224 Fax: 905-803-5353

Email: cm-go@cbsa-asfc.gc.ca

COURIER/STREET ADDRESS

1980 Matheson Blvd East

Mississauga ON L4W 5R7