



# Form to Request Special Accommodations

## PART A INFORMATION ABOUT THE INDIVIDUAL OR ENTITY REQUESTING ACCOMMODATIONS

### Individual or entity's legal name

Name:
Operating as (if applicable):

### Individual or entity's contact information

First name:	Last name:	
Title (as applicable):		
Mailing address:		
City:	Province or state (if applicable):	Postal or zip code (if applicable):
Country:		
Phone:	Email:	

### Representative's contact information (to be completed only if you are an external party representing the individual or entity)

First name:	Last name:	
Name of organization (if applicable):		
Mailing address:		
City:	Province or state (if applicable):	Postal or zip code (if applicable):
Country:		
Phone:	Email:	

## PART B ACCOMMODATIONS REQUEST

You should indicate which accommodations are required and include:

- the reasons for the request for special accommodations
- any supporting document that is relied on in support of the request

<b>Notice of _____ # _____ [Bank decision type and number]</b>
<b>Accommodation type:</b>
<input type="checkbox"/> Submission outside of PSP Connect <input type="checkbox"/> Verbal representations <input type="checkbox"/> Other _____ _____
<b>Name(s) of attached document(s) (if applicable):</b>

**Reasons for the request for special accommodations:**