

## ANNEX H – CSP CERTIFICATION FORM

**Note to Respondents:** The following form should be used by the Respondent if the Respondent itself is the Cloud Service Provider for any or all portions of the proposed Commercially Available Public Cloud Service.

Invitation to Qualify (ITQ) Number	<b>32099 – GC Cloud Service Procurement Vehicle</b>
Applicable ITQ Stream	_____
Name of Respondent	_____
This authorization applies to the following proposed Commercially Available Public Cloud Service: _____	
The Respondent certifies that it is the Cloud Service Provider of the proposed Commercially Available Public Cloud Service and that it has all the rights necessary to offer these services to Canada in subsequent phases of the solicitation:	
The definition of “Cloud Service Provider” for the purposes of this certification can be found in Annex F of the Invitation to Qualify.	
Signature of authorized signatory of CSP	_____
Print Name of authorized signatory of CSP	_____
Print Title of authorized signatory of CSP	_____
Address for authorized signatory of CSP	_____
Telephone no. for authorized signatory of CSP	_____
Fax no. for authorized signatory of CSP	_____
Date signed	_____

## ANNEX I – CSP AUTHORIZATION FORM

**Note to Respondents:** The following form should be used in response to submission requirements identified in Annex A if the Respondent is not the Cloud Service Provider for any portion of the proposed Commercially Available Public Cloud Service.

Invitation to Qualify (ITQ) Number **32099 – GC Cloud Service Procurement Vehicle**

Applicable ITQ Stream \_\_\_\_\_

Name of Respondent \_\_\_\_\_

This authorization applies to the following proposed Commercially Available Public Cloud Service:

\_\_\_\_\_

The Cloud Service Provider confirms that the Respondent identified above has all the rights necessary to offer to provide Canada with its Commercially Available Public Cloud Service in subsequent phases of the solicitation.

Name of Cloud Service Provider (CSP) \_\_\_\_\_

Signature of authorized signatory of CSP \_\_\_\_\_

Print Name of authorized signatory of CSP \_\_\_\_\_

Print Title of authorized signatory of CSP \_\_\_\_\_

Address for authorized signatory of CSP \_\_\_\_\_

Telephone no. for authorized signatory of CSP \_\_\_\_\_

Fax no. for authorized signatory of CSP \_\_\_\_\_

Date signed \_\_\_\_\_