



FORMS PRINTING SPECIFICATIONS

Requisition No.	Record No
Date prepared 2021-02-02	

GENERAL DESCRIPTION

Title

Canada Pension Plan - folders

Form No. SC ISP-1628	Dated 2021-02-02	Stock Number	U I	Quantity
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<input type="checkbox"/> Flat	<input type="checkbox"/> Set	<input type="checkbox"/> Continuous	<input type="checkbox"/> Tab card	<input type="checkbox"/> Tag	<input type="checkbox"/> Label	<input type="checkbox"/> Sales book	Other
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MATERIAL - (Paper, card stock, carbon etc.)

Dimensions	Trim size	Wide X	High	Stub size	Tear out	Wide X	High
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PAPER (State grade, type, colour, basis weight and reference to applicable CGSB standard.)

Stock: File Folder, Manilla 11 pt
(or equivalent).

Flat size: 19" wide x 12" high
Fold to: 9 1/4" wide x 12" high

Score for expansion: located 1/2" to the right of the centre of the folder
Corners: square
Fasteners: 2 heat seal fasteners - 2 1/2" capacity - (1 is located at top center of page 2 and the other is st left center of page 3)
Ink: black
Bleeds: Printing on page 3 is to Bleed at top, right and bottom Prints on page 1, 3 and 4

Carbons	Recessed	Protruding	
<input type="checkbox"/> Black <input type="checkbox"/> Blue Other	Inches	Inches	
Narrow	Uncarbonized	Write test requested?	No. of sets
<input type="checkbox"/> Right <input type="checkbox"/> Left Inches	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Top <input type="checkbox"/> Bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRINTING - (As specified in the attached copy)

<input type="checkbox"/> One side <input type="checkbox"/> Head to head <input type="checkbox"/> Tumble <input type="checkbox"/> Head to side	Ink colour Black	Proofs requested (No. & type) 1
Serial numbers From To	Ink colour	<input type="checkbox"/> Crash <input type="checkbox"/> Individual parts
Size of margins	Front: Top Left	Back: Top Left

CONSTRUCTION

Perforate													
Collate/Gather													
Punching	Top	Bottom	Right	Left	No. of holes	Diameter	C-C	<input type="checkbox"/> Round	Other				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Binding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire <input type="checkbox"/>	Sew <input type="checkbox"/>	Side <input type="checkbox"/>	Score <input type="checkbox"/>	Saddle <input type="checkbox"/>	Fold <input type="checkbox"/>	Crimplock <input type="checkbox"/>	Pad in	Band in
Stub	<input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Controlled glue line <input type="checkbox"/> Fugitive glue	Position											

PACKAGING - EMBALLAGE

<input type="checkbox"/> Wrap <input checked="" type="checkbox"/> Box <input type="checkbox"/> Bag	Pads	100	Sets	Sheets	Packages
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FORM WILL BE COMPLETED BY

<input type="checkbox"/> Hand <input type="checkbox"/> Typewriter <input type="checkbox"/>
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ENTER ADDITIONAL INFORMATION ON PAGE 2	Prepared by	Approved by
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ADDITIONAL INFORMATION