

*Please print and complete these forms and forward them to: Lisa Li, Manager, Purchasing Services,  
University of Guelph, Guelph, ON N1G 2W1*

**DIRECT SUPPLIER  
VERIFICATION OF COMPLIANCE FORM**

Company Name: _____	UofG Vendor Number: _____
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**PART 1 – COMPANY INFORMATION**

Company Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Mailing Address (if different than above)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

**PART 2 – COMPLIANCE VERIFICATION**

I hereby certify that I have read and accept the terms of the University of Guelph Code of Ethical Conduct for Suppliers and Subcontractors in Relation to Working Conditions and Employment Standards.

Through initialing adjacent to the following specific clauses I signify in pointed terms my organization's acceptance of each clause's importance to this Code of Conduct.

1. Suppliers and subcontractors who confirm compliance with this code are responsible for ensuring compliance by those with whom they directly contract to provide products to be purchased or distributed to or by University of Guelph Suppliers or licensees. \_\_\_\_\_  
Initial
  
2. Wages and Benefits:
  - are to be paid for a standard working week which must meet national and international legal standards or industry benchmark standards, whichever are higher, and must provide for the basic needs of the person(s) and their families.
  - must be paid in a timely manner and in a manner directly accessible by the workers as outlined in **section 2.1 – Wages and Benefits** \_\_\_\_\_  
Initial
  
3. University suppliers and subcontractors must not engage in or support the use of child labour as defined in the code of conduct documents **under section 2.4 – Child Labour** \_\_\_\_\_  
Initial

- 4. All overtime hours must be worked voluntarily and overtime hours are always remunerated at a premium rate. \_\_\_\_\_  
Initial
- 5. Employees must be entitled to at least one day off in every 7 day period. \_\_\_\_\_  
Initial
- 6. Workers must be treated with dignity and respect and may not be subject to any discrimination in employment as outlined in the code of conduct documents under **section 2.7 – Non Discrimination** \_\_\_\_\_  
Initial
- 7. University suppliers and subcontractors must recognize and respect the right of employees to freedom of association as outlined in **section 2.9 – Freedom of Association and Collective Bargaining** \_\_\_\_\_  
Initial

Further, I have collected Subcontractor Compliance Verification Forms for the subcontractors involved in the production of the product(s) which our company supply the University of Guelph. I will keep these documents on file and make them accessible to representatives of the University of Guelph upon request. To the best of my knowledge I am not aware of any areas of non-compliance with this supply chain, as defined by the code, other than those noted in this document. I also agree to notify the University of Guelph of any changes within the supply chain or with the compliance of any supplier listed. To the best of my ability I will ensure that this supply chain meets or exceeds the University of Guelph Code of Ethical Conduct for Suppliers and Subcontractors in Relation to Working Conditions and Employment Standards.

Owner/Operator Name (*Please Print*): \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3 - AREAS OF DIRECT SUPPLIERS OWN NON-COMPLIANCE**

<u>Nature of Own Non – Compliance</u>	<u>Steps Taken Toward Compliance</u>

**PART 4 – DISCLOSURE INFORMATION – SUBCONTRACTOR**

Company Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address (if different than above)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Compliance Summary:  In Compliance  Not In Compliance

**See attached Subcontractor Product Compliance Verification Form for details**

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Company Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address (if different than above)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Compliance Summary:  In Compliance  Not In Compliance

**See attached Subcontractor Product Compliance Verification Form for details**



**SUBCONTRACTOR  
VERIFICATION OF COMPLIANCE FORM**

Direct Supplier Company Business Name: \_\_\_\_\_

**PART 1 – COMPANY INFORMATION**

Subcontractor Company Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address (if different than above)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

**PART 2 – COMPLIANCE VERIFICATION**

I hereby certify that I have read and accept the terms of the University of Guelph Code of Ethical Conduct for Suppliers and Subcontractors in Relation to Working Conditions and Employment Standards.

Through initialing adjacent to the following specific clauses I signify in pointed terms my organization's acceptance of each clause's importance to this Code of Conduct.

1. In confirming compliance, Subcontractors are responsible to ensure that their own business practices meet the requirements of the code for products which are to be supplied to the University of Guelph through the direct supplier. \_\_\_\_\_  
Initial
2. Wages and Benefits:
  - are to be paid for a standard working week which must meet national and international legal standards or industry benchmark standards, whichever are higher, and must provide for the basic needs of the person(s) and their families.
  - must be paid in a timely manner and in a manner directly accessible by the workers as outlined in **section 2.1 –Wages and Benefits** \_\_\_\_\_  
Initial
3. University suppliers and subcontractors must not engage in or support the use of child labour as defined in the code of conduct documents **under section 2.4 – Child Labour** \_\_\_\_\_  
Initial

- |   |         |
|---|---------|
| 4. All overtime hours must be worked voluntarily and overtime hours are always remunerated at a premium rate.   | _____   |
|   | Initial |
| 5. Employees must be entitled to at least one day off in every 7 day period.  | _____   |
|   | Initial |
| 6. Workers must be treated with dignity and respect and may not be subject to any discrimination in employment as outlined in the code of conduct documents under <b>section 2.7 – Non Discrimination</b>   | _____   |
|   | Initial |
| 7. University suppliers and subcontractors must recognize and respect the right of employees to freedom of association as outlined in <b>section 2.9 – Freedom of Association and Collective Bargaining</b> | _____   |
|   | Initial |

To the best of my knowledge I am not aware of any areas of non-compliance with this supply chain, as defined by the code, other than those disclosed to the direct supplier on the Subcontractor Product Compliance Verification Form. I also agree to notify the University of Guelph direct supplier of any changes within the supply chain or with the compliance of any products supplied. To the best of my ability I will ensure that this supply chain meets or exceeds the University of Guelph Code of Ethical Conduct for Suppliers and Subcontractors in Relation to Working Conditions and Employment Standards.

Owner/Operator Name (*Please Print*): \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_