# **MDA Client Account Number Application**



Email: mdaaccounting@gov.mb.ca

Fax: 204-945-6370

To access products and services at MDA, you must have an assigned MDA Client Number. Please complete the following form. Once submitted, an MDA Client Number will be assigned to you for ordering products and services.

## **INSTRUCTIONS**

- 1. Complete application form
- 2. Click the "SUBMIT" button to email your application to mdaaccounting@gov.mb.ca OR print and fax to 204-945-6370

CLIENT	'/ORGANIZATION INFORMATION

Client Name	Title					
Organization/Department						
Address						
City/Town	Postal Code					
Phone Number	Fax Number					
Email		Tax Status	PST Exe	empt	GST Exempt	
Type of Organization						
Provincial Govt (Department) Federal Gover		nment	Non-Profit	Organization	Other	
Provincial Govt (Other Reporting Entity) Municipal Org		ganization Publicly Funded Organization		ion		
Your required products or service(s)						
MDA Products (Medical, Janitorial) Mail Serv		es (includes IDM, Federal Mail)		Rapid Tes	Rapid Test Kits	
MDA Services (Moving, Storage) MDA Medical E		Equipment Renta	ı	PPE		

# **CERTIFICATION** (Please complete if you are a non-profit organization)

I hereby certify that this organization is:				
One of the Non-Profit Organizations (NPOs) selected to be part of the Manitoba Government's Shared Services Pilot				
An NPO/Charitable Organization that receives funding from a government source				
Certificate of Incorporation Number/Registered Charity Number  I understand that the consequence of making an untrue statement in this declaration, or failing to produce satisfactory evidence to the Manitoba Government regarding this declaration, will result in termination of business with MDA.				

#### **AUTHORIZATION**

Authorized Representative	Position Title	
Signature	Date	

## **OFFICE USE ONLY**

Date Received	Date Completed		
MDA Client #	Approved by		
Comments			