

**Surname / First Name /
Middle Name**

Authority Level
(Indicate Basic or Prime Contact)

Sign where indicated and forward in duplicate to:

Unisys Canada Inc.
P.O. Box 204
Halifax, NS B3J 2M4
Phone 1-888-624-2265
Fax 1-902-422-1675

The information provided by the Client pursuant to this Addendum to Client Application may be used by Unisys and the Applicable Province(s) solely for the purpose(s) for which it was provided. Unisys and the Applicable Province(s) shall not otherwise disclose the information to any other party or use it for any other purpose(s).

Authorized Client Signature

Date

**Accepted on behalf of the Province(s) of the Client
selected Database(s)**

Date