

Name of requestor:		Date (DD/MM/YYYY)	<input type="text"/>
Name of agency:		Telephone:	
Agency code: (5 digit alpha agency code) or (cost centre code)		E-mail:	
Shipping address:		Fax:	
City	Province	Postal code	

Item	Form number	Quantity	Name of form or description
1			
2			
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Comments:

Complete and submit to
Standard Life
Fax: 1 877 536-4666
Regular mail:
Procurement Department
Standard Life
1245 Sherbrooke Street West
Montreal, Quebec H3G 1G3