

BRAND OWNER CONTACT INFORMATION



Fill and submit to epr-rep@encorpatl.ca

COMPANY LEGAL NAME _____

Company Mailing Address _____

City, Province/State _____ Telephone _____

Country _____ Postal Code _____

Website _____

Doing Business As (If other than shown above) _____

Business Address (If other than shown above) _____

City, Province/State _____

Country _____ Postal Code _____

YOUR COMPANY (choose which option best describes):

- Manufactures in New Brunswick a beverage for sale in the Province.
- Manufactures or distributes in Canada a beverage which is sold directly into New Brunswick for sale in the Province.
- Imports into New Brunswick a beverage for sale in the Province.

YOUR COMPANY'S FISCAL YEAR-END: _____

	Full Name	Title	Phone	Email Address
Primary Contact:				
Compliance Contact Person:				
Deposits and CRFs Reporting Contact Person:				

Signature: _____ Date: _____