

PRODUCER CONTACT INFORMATION

BEVERAGE CONTAINERS
EXTENDED PRODUCER RESPONSIBILITY IN NEW BRUNSWICK

[Fill and submit to epr-rep@encorpatl.ca](mailto:epr-rep@encorpatl.ca)

Company Legal Name _____

Company Mailing Address _____

City, Province/State _____ Telephone _____

Country _____ Postal Code _____

Website _____

Doing Business As *(if applicable)*

Business Address *(if applicable and other than shown above)*

City, Province/State _____

Country _____ Postal Code _____

YOUR COMPANY IS (choose which option best describes):

- A) The brand holder of the beverage container (with a permanent establishment in Canada).
- B) *(In absence of option A)* The importer of the beverage container into New Brunswick (with a permanent establishment in New Brunswick).
- C) *In absence of options A & B* The retailer of the beverage container that supplies the beverage container to the consumer.



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YOUR COMPANY'S FISCAL YEAR-END: _____

KEY CONTACTS

	Full Name	Title	Phone	Email Address
Primary Contact				
Compliance Contact Person				
Deposits & CRFs Reporting Contact Person				
Authorized Signatory 1 <i>(if different than the Primary Contact)</i>				
Authorized Signatory 2 <i>(if applicable)</i>				

Signature: _____ Date: _____

I agree on behalf of all the contacts provided here to receive email communications from Encorp Atlantic/Encorp Atlantique ("Encorp"), including the seasonal *Beverage Industry Journal*, reports/payment confirmations, and any updates deemed necessary by Encorp, and further acknowledge and consent to the use of DocuSign (or another secure electronic signature platform) for the circulation and execution of documents related to Encorp's programs. I agree that electronic signatures provided through such platform shall be valid and binding to the same extent as original handwritten signatures.

