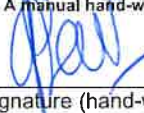




VENDOR PROFILE

MANDATORY FORM for registering as a new vendor, changing information previously submitted and registering for iSupplier.

All fields must be typed in CAPITAL LETTERS. Hand written and incomplete forms will NOT be processed.
A manual hand-written signature is required. Fonts that appear as signatures are not accepted.

1. VENDOR INFORMATION					
Legal Vendor Name S.A.S. CAROLINE PARENT ET ASSOCIES				LCBO Vendor Number (for existing vendors)	
Street No. 10 B	Street Name RUE DES NAIGEONS	Unit/Suite	HST/GST Registration No. (Needed to receive payment for HST)		
City BEAUNE	Province/State BURGUNDY	Country FRANCE	Postal/Zip Code 21200	Area Code - Phone +33 661 179 537	
NAME CHANGE (IF APPLICABLE)					
Previous Name (receiving payments under)				Previous LCBO Vendor Number	
Email Addresses for Payment Notification and iSupplier Registration					
1) CPARENTGROS@GMAIL.COM		2) BEAUWINES68@GMAIL.COM		3)	
2. CURRENT BANK ACCOUNT					
Name of Bank CREDIT AGRICOLE CHAMPAGNE-BOURGOGNE			Country FRANCE		
Street No. 41	Street Name RUE D'ALSACE	Unit/Suite	City BEAUNE	Province/State BURGUNDY	Postal/Zip Code 21200
Account Number/International Bank Account Number (IBAN) FR76 1100 6210 0452 1067 7907 439					
Bank Number (Canadian banks only)	Routing Method – Select from the menu SWIFT Code/BIC		Routing/Branch Number AGRIFRPP810	Primary Transaction Currency – Select from the menu EUR	
Last 4 digits of your bank account number are included in the payment notification. Please notify accounts.payable@lcbo.com immediately if there is any issue with the bank account number listed.					
3. PREVIOUS BANK ACCOUNT FOR EXISTING VENDORS					
Name of Bank			Account Number/International Bank Account Number (IBAN)		
Bank Number (Canadian banks only)	Routing Method – Select from the menu		Routing/Branch Number	Primary Transaction Currency – Select from the menu	
4. VENDOR AUTHORIZATION					
The Vendor: 1) certifies that all information provided above is correct and complete, 2) authorizes and directs the LCBO to make payments to the Vendor at the bank set out above, and 3) accepts the iSupplier Terms and Conditions which can be found at www.doingbusinesswithlcbo.com . A manual hand-written signature is required. Fonts that appear as signatures are not accepted.					
CAROLINE PARENT	OWNER & GM		12/17/2025		
Full Name (typed)	Business Title (typed)	Signature (hand-written)	mm/dd/yyyy		
Full Name (typed)	Business Title (typed)	Signature (hand-written)	mm/dd/yyyy		
APPROVAL BY LCBO MANAGEMENT (INTERNAL USE ONLY)					
Print Name		Authorized Signature		Date (mm/dd/yyyy)	