

# **SCHEDULE A**

## **ACKNOWLEDGEMENT FORM**

Canada Post Corporation requires that this form be completed by any organization requesting any National Change of Address (NCOA) Services before it may receive the service.

I, the undersigned, an authorized representative of:

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

acknowledge that this form is an integral part of the NCOA Service Agreement offered by the Licensee identified below and that my organization covenants to use the information received through NCOA service ONLY for mailing purposes. Without limiting the generality of the foregoing, my organization covenants that this information shall NOT be used to locate or communicate with movers other than by way of mail, that no new list of movers will be created and that all new information received by way of the NCOA services shall be kept CONFIDENTIAL and NOT disclosed to third parties.

I further acknowledge that any breach of the above covenant may give rise to proceedings seeking, in addition to other available remedies and damages, injunctive relief or other equitable relief enjoining such breach at the earliest possible date.

Signature: \_\_\_\_\_

Authority Representative

Name: \_\_\_\_\_

Please Print

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### **LICENSEE**

Licensee Information

Licensee Name \_\_\_\_\_

Signature of Licensee \_\_\_\_\_