



# CCUBED

DATA INTEGRATORS

Company Name / Contact Details	
Legal Company Name/Vendor Name	C CUBED DATA INTEGRATORS
Address (Street and House Number)	
City	CALGARY
Country	CANADA
Region/State (Mandatory for US and Canada)	AB
Postal Code	T2J 2T9
PO Box	BOX 43 SITE 2 RR8
Telephone Number	403-978-9099
Fax Number	
E-mail Address 1 (For Purchase Order or SCAN property)	ACCOUNTING@CCUBEDDI.COM
E-mail Address 2 (For Remittance Advice)	ACCOUNTING@CCUBEDDI.COM
"Order From" Address (Ordering Address where Supplier resides)	
	BOX 43 SITE 2 RR8, CALGARY, AB T2J 2T9
Telephone Number	403-978-9099
Fax Number	403-931-6787
"Remit To" Address (Remittance Address where payments can be sent)	
	BOX 43 SITE 2 RR8, CALGARY, AB T2J 2T9
Telephone Number	403-978-9099
Fax Number	403-931-6787
Tax Details	
Tax 1 (i.e. Permanent Account Number, SSN)	
Tax 2 (i.e. Tax ID, Employee Identification Number (EIN))	
Tax 3 (i.e. Sales or Service Tax)	812542363RT001
Tax 4 (i.e. Tax No.)	
Value Add Tax (VAT) Registration No.	
Company Registration No.	PT18446351
Government Agency	No
	If YES (US Government Vendors only): Please Select -
Supplier Contact Person Details	
Name	CARLA COOK
Telephone Number	403-978-9099
E-mail Address	CARLA.COOK@CCUBEDDI.COM
Bank Details	
Bank Country	CANADA
Bank Name	THE BANK OF NOVA SCOTIA
Bank Address	240 8 AVENUE SW, CALGARY, AB T2P1B5
*Bank Key	000210009
Swift Code	
IBAN Code (mandatory for EU countries)	
Bank Account No.	0297119
Account Holder Name	C CUBED DATA INTEGRATORS PARTNERSHIP
Currency	CAD - Canadian Dollar
Other Bank Details/Comments (i.e. intermediary bank acct details)	
<small>*Note: Bank key refers to unique bank code/bank number of the bank as per Account mapping (e.g. US - 9 digits ABA number, UK - 6 digits Sort code, AU - 6 digits BSB number and Canada - 9 digits (0 + 3 digits sort code + 5 digits transit code). Refer to <a href="#">Bank Key Guide</a>.</small>	
Payment Details	
Method for Payment	EFT
**Alternative Payee	
<small>**Note: Kindly fill up a new SIS detailing all information of the alternative payee. The account number of the vendor is required for automatic payment transactions to be carried out.</small>	
I certify that the information above, is true and correct, and that I, as a representative for the above named company, hereby authorise the relevant Shell Accounts Payable team to deposit payments to the designated bank account. This authority remains in full force until the relevant team receives written notification requesting change or cancellation.	
Company Officer/Manager Name:	WILLIAM TOWSLEY
Title/Designation:	MANAGING PARTNER
Signature:	
Date:	2015/10/06