



## Supplemental Form 1 - Section 23

### 7. Information of the bargaining agent representing employees in the bargaining unit proposed in section 4 (continued):

Name:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Description of the bargaining unit represented:

Term of the collective agreement:

from

(dd/mm/yyyy)

to

(dd/mm/yyyy)

Term of arbitral award, if any:

from

(dd/mm/yyyy)

to

(dd/mm/yyyy)

Name:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Description of the bargaining unit represented:

Term of the collective agreement:

from

(dd/mm/yyyy)

to

(dd/mm/yyyy)

Term of arbitral award, if any:

from

(dd/mm/yyyy)

to

(dd/mm/yyyy)