Supplemental Form 2 - Section 26

7. Information of the bargaining agent representing employees in the bargaining unit proposed in section 4 of this reply:

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 _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

Term of arbitral award, if any:

from _____ to _____
(dd/mm/yyyy) (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 _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

Term of arbitral award, if any:

from _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

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