

**SECTION 1: STEP MEMBER INFORMATION**

NAME:

TITLE:

COMPANY:

ADDRESS:

PHONE:

FAX:

E-MAIL:

WEBSITE:

**SECTION 2 : BUYER INFORMATION**

NAME:

TITLE:

COMPANY NAME:

ADDRESS:

PHONE:

FAX:

E-MAIL:

WEBSITE:

DATES OF BUYERS VISIT TO SASKATCHEWAN:

TYPE OF BUSINESS (for example, distributor, importer, wholesaler, dealer, buyer):

NUMBER OF YEARS IN BUSINESS:

MARKETS/TERRITORIES SERVICED:

**PURPOSE OF INVITING THIS BUYER TO SASKATCHEWAN** *Please provide as much detail as possible*

Please identify the specific opportunity you plan to advance and information on the specific buyer/partner you wish to bring to Saskatchewan.

**DOES THIS BUYER CURRENTLY REPRESENT OR IMPORT YOUR PRODUCTS OR SERVICES?**

Yes

No

If yes, please identify products/services:

**ARE YOU CURRENTLY NEGOTIATING A NEW BUSINESS ARRANGMENT OR IS THIS PART OF ONGOING BUSINESS RELATIONSHIPS WITH THIS BUYER TO REPRESENT OR IMPORT YOUR SASKATCHEWAN PRODUCTS OR SERVICES?**

Yes

No

ARE YOU OR THE BUYER RECEIVING ANY ADDITIONAL FUNDING FROM A CANADIAN GOVERNMENT SOURCE (FEDERAL, PROVINCIAL OR MUNICIPAL) FOR THIS VISIT?

Yes (if so, please identify)  No

Name of Program and/or Government Agency:

Please indicate what costs the funding is intended to cover:

IS THIS THE BUYERS FIRST VISIT TO SASKATCHEWAN?

Yes  No  Unsure

DOES YOUR BUYERS ITINERARY INCLUDE BUSINESS IN PROVINCES OTHER THAN SASKATCHEWAN?

Yes  No  Unsure

**SECTION 3 : PROPOSED OUTCOMES**

ANTICIPATED RESULTS OF BUYER VISIT	\$ Value of Sales:	Distribution:	Joint Venture:	Representation:
	Other:			

A completed application must be received 30 days prior to the activity for evaluation and processing.

Program Conditions:

1. This application becomes a valid contract when signed by the applicant and approved by Saskatchewan Trade & Export Partnership.
2. The applicant indemnifies STEP from any liability whatsoever.
3. CLAIMS FOR PAYMENT – Within thirty (30) days of the buyer visit, the applicant company will submit to STEP the Evaluation form and the proof of payment for buyer expenses incurred in relation to the event. (Copies of invoices, receipts, cancelled cheques, bank statements are acceptable).
  - a. Upon receipt of all required documentation, reimbursement will be issued by cheque within four weeks in Canadian dollars.
  - b. The cheques will be made out to the company/legal entity, not the individual.
  - c. If the applicant is unable to meet the conditions and timelines noted above, then he/she will be considered in default of the program, his/her eligibility will be rescinded and he/she will not receive reimbursement.

On behalf of my company, I hereby make application for assistance as described in the STEP Premium Member Incoming Buyer Program application form, and agree that if the application is approved, I will comply with the terms and conditions of the contract.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Send the completed application form to **STEP – Premium Member Incoming Buyer Program** by:  
 Fax: 1-306-787-6666 or Email: [inquire@sasktrade.sk.ca](mailto:inquire@sasktrade.sk.ca)

**INTERNAL: STEP REVIEW**

COMMENTS:

Premium Member:  Yes  No

Approved: \_\_\_\_\_  
 Yes  No Senior Vice President, Trade Development Date \_\_\_\_\_

Approved: \_\_\_\_\_  
 Yes  No Vice President, Export Services Date \_\_\_\_\_

Approved: \_\_\_\_\_  
 Yes  No Director, Sector/Geographic Trade Development Date \_\_\_\_\_