NATIONAL
FORMING GROUP OF COMPANIES

PROJECT INFORMATION SHEET

PROJECT DATA

Project Name		
Address	City	Postal Code
Legal Address		

PROJECT OWNER

Legal Name	Phone No.	Fax No.
Street Address	City	Postal Code

MORTGAGE WITH

Name of Institutions	Phone No.	Fax No.
Street Address	City	Postal Code
Contact Person	Cell	E-mail

GENERAL CONTRACTOR

Name of Institutions	Phone No.	Fax No.
Street Address	City	Postal Code
Project Manager	Cell	E-mail
Job Site Superintendent	Phone No.	Cell

CERTIFIER

Name of Institutions	Phone No.	Fax No.
Name of Certifier	Estimate Substantial Completion	Issued Substantial Completion Date

"THE CONTRACTOR"

Legal Name	Phone No.	Fax No.
Street Address	City	Postal Code
Owner name	Cell	E-mail
Site Contact Person	Cell	E-mail

FOR OFFICE USE ONLY

File Name	File No.	Contract Signed Date
Project Manager	C C R	Credit Limit