

Identification Number - Office Use Only	Subscription # - Office Use Only		Year
8 7 0 - <input type="text"/>	<input type="text"/> - <input type="text"/>		<input type="text"/>

**Client Information**

Business Name  ?

Business Address

Contact Person (Must be an Applicant, or Shareholder of the company)  ?

**Contact Information**

Home / Business ( ) Phone Number  Home Quarter  ?  
 Part Section Township Range Meridian

Cell ( )

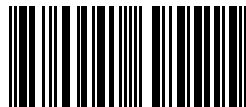
Email  GST/BIN/Trust #  ?

Fax ( )  Local WLPIP Office  ? Province

**Applicant Details** ?

Applicant(s)	#1 – Record legal name	#2 – Record legal name
Surname	<input type="text"/>	<input type="text"/>
First and Middle	<input type="text"/>	<input type="text"/>
Name commonly used	<input type="text"/>	<input type="text"/>
Mailing address	<input type="text"/>	<input type="text"/>
Town & Postal Code	<input type="text"/>	<input type="text"/>
Province	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>
Cell phone	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Request an "Application Additional Names" form if more than two legal named applicants.

	Date Stamp – primary	Date Stamp – secondary
	<input type="text"/>	<input type="text"/>

The personal information on this form is collected under the authority of the Agriculture Financial Service Act and the Freedom of Information and Protection of Privacy Act (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the WLPIP Call Center, 5718-56th Avenue, Lacombe AB, 1-844-782-5747.

Identification Number - Office Use Only	Subscription # - Office Use Only	Year
8 7 0 - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Shareholder:  No  Yes – share \_\_\_\_\_ %  No  Yes – share \_\_\_\_\_ %

Signing Officer:  No  Yes – title \_\_\_\_\_  No  Yes – title \_\_\_\_\_

Identify relationship to #2 Identify relationship to #1

\_\_\_\_\_ \_\_\_\_\_

Legend: Spouse or Common Law    Mother – Father    Sister – Brother    Aunt – Uncle    Son – Daughter    Grandparent  
Other – please specify \_\_\_\_\_

**Consent Statement and Client Declaration**

The Applicant consents to:

- the release to AFSC by third parties of all information in such third party's possession, including information in the possession of other programs administered by AFSC, relating to the Applicant's livestock and farming operations and to the Applicant's participation in the Western Livestock Price Insurance Program ("WLPIP"),
- the use by AFSC of the Applicant's information for the administration of WLPIP and any contracts issued to the Applicant thereunder, for the administration of all programs administered by AFSC in which the Applicant participates, for retention in AFSC's database as required, for advising the Applicant about other AFSC programs and services, for policy and program development and evaluation, and for research and statistical purposes, and
- the release by AFSC to the Government of Alberta and to the Government of Canada or their respective crown agencies of any information in AFSC's possession pertaining to the Applicant's participation in WLPIP for the administration of WLPIP, for policy and program development and evaluation, and for research and statistical purposes.

**Cheques and correspondence will be sent to the "Client" shown as the Business Name.**

I (the Applicant) declare that all of the information contained in this application is accurate and true and understand that I must notify the Insurer in writing immediately if this business undergoes a change in clients or I discover that any of the information contained in this application is inaccurate or untrue.

Client signature #1 \_\_\_\_\_ #2 \_\_\_\_\_

Date \_\_\_\_\_

Each client must complete a separate "Personal Information Form". Not applicable for incorporated businesses.

**Office Use Only**

List Business Name(s) already in Envoy for the clients named on this application	Business ID	Names of clients involved in businesses	Ins	Lend	Ag-S

Comments \_\_\_\_\_

Reviewed / Approved by \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_