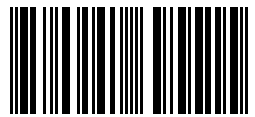


Identification Number	Subscription #		Year
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Client Information	
Business Name ?	
Business Address _____	
Contact Person (Must be a Client, or Shareholder of the company) ?	

Applicant Details ?		
Applicants	#3 – Record legal name	#4 – Record legal name
Surname	_____	_____
First and Middle	_____	_____
Name commonly used	_____	_____
Mailing address	_____	_____
Town & Postal Code	_____	_____
Province	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
Fax number	_____	_____
Email address	_____	_____

Shareholder:	?	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %	
Signing Officer:		<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____	<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____	
Identify relationship to	Client #1	_____	Client #1	_____
	Client #2	_____	Client #2	_____
	Client #4	_____	Client #3	_____
Legend – Spouse or Common Law Other – please specify		Mother – Father	Sister – Brother	Aunt – Uncle Son – Daughter Grandparent



Date Stamp – primary

Date Stamp – secondary

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 WLPPI Call Center, 5718-56th Avenue, Lacombe AB, 1-844-782-5747.

Identification Number	Subscription #	Year
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Consent Statement and Client Declaration

The Applicant consents to:

- a. 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"),
- b. 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
- c. 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 participants or I discover that any of the information contained in this application is inaccurate or untrue.


Client Signature: #3: _____ #4: _____

Date: _____

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

Applicants	#5 – Record legal name	#6 – Record legal name
Surname	_____	_____
First and Middle	_____	_____
Name commonly used	_____	_____
Mailing address	_____	_____
Town & Postal Code	_____	_____
Province	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
Fax number	_____	_____
Email address	_____	_____

Identification Number	Subscription #	Year
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Shareholder:		<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %
Signing Officer:		<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____	<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____
Identify relationship to	Client #1 _____	Client #1 _____	
	Client #2 _____	Client #2 _____	
	Client #3 _____	Client #3 _____	
	Client #4 _____	Client #4 _____	
	Client #6 _____	Client #5 _____	
<p>Legend – Spouse or Common Law Mother – Father Sister – Brother Aunt – Uncle Son – Daughter Grandparent Other – please specify</p>			


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 participants or I discover that any of the information contained in this application is inaccurate or untrue.

Client Signature:  #5: _____ #6: _____

Date: _____

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

Contact Information: Complete ONLY if there are changes to the information on file.

Home / Business (_____) Cell (_____) Email _____ Fax (_____)	Phone Number _____ Home Quarter _____ Part Section Township Range Meridian GST/BIN/Trust # _____ Local Office _____ Province _____
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Identification Number	Subscription #		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"/>

Office Use Only
Comments _____ Approved by _____ Date _____ Processed by _____ Date _____