

Identification Number	<b>?</b> Subscription #		Year
8 7 0 - <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) **?** \_\_\_\_\_

Legal Name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

All of the information contained in this form is accurate and true. If I give false information, make a false statement, fail to disclose in the form any information required by the Insurer, or return misleading information, I could be prosecuted and liable to a fine or imprisonment, or both, and forfeit the right to an indemnity.

Client Signature **?** \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

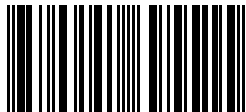
**Contact Information: Complete ONLY if there are changes to the information on file.** **?**

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

Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_ GST/BIN/Trust # \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Local Office \_\_\_\_\_ Province \_\_\_\_\_



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.