

Identification Number			Year
8 7 0			

Applicant 3

Legal Name: _____
Surname First Middle Name commonly used

Mailing Address: _____
Address Town Province Postal Code

Contact Numbers: _____
(indicate primary contact) Home Work Cell Fax

Email address: _____

Preferred method(s) to receive correspondence from AFSC: Email ☐ Mail ☐ Fax ☐

Shareholder: No ☐ Yes ☐ – if yes _____ % Signing Officer No ☐ Yes ☐ Title _____

Relationship to: Applicant 1 _____ Applicant 2 _____ Applicant 4 _____

(mother – father – brother – sister – aunt – uncle – son – daughter – grandparent)

Freedom of Information and Protection of Privacy Act and Client Declaration

The information on this form, and any information you provide to us in the future related to this form, is collected under the authority of the Agriculture Financial Services Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta) (the "FOIP Act"). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form for the purpose of meeting and advancing AFSC's legislative, contractual, administrative, business and operational obligations and objectives.

If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

Cheques and correspondence will be sent to the "Client" shown as the Business Name on the Application for Identification Number.

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.

Print Name _____

Client signature _____ Date _____

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

Identification Number			Year
8 7 0			

Applicant 4

Legal Name: _____
Surname First Middle Name commonly used

Mailing Address: _____
Address Town Province Postal Code

Contact Numbers: _____
(indicate primary contact) Home Work Cell Fax

Email address: _____

Preferred method(s) to receive correspondence from AFSC: Email ☐ Mail ☐ Fax ☐

Shareholder: No ☐ Yes ☐ – if yes _____% Signing Officer No ☐ Yes ☐ Title _____

Relationship to: Applicant 1 _____ Applicant 2 _____ Applicant 3 _____

(mother – father – brother – sister – aunt – uncle – son – daughter – grandparent)

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Print Name _____

Client signature _____ Date _____

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