

Branch Office Use Only

Identification Number			Year
8 7 0			

Client Information

Business Name _____

Business Address _____

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

Contact Information:

GST/BIN/Trust # _____ Home Quarter _____ Part _____ Section _____ Township _____ Range _____ Meridian _____

Branch Office _____ Province _____

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List Business Name(s) already in Envoy/Connect for the clients named on this application	Identification Number	Names of clients involved in businesses	Ins	Lend	Ag-S
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Reviewed/Approved by _____ Date _____

Processed by _____ Date _____

Date Stamp – primary

Date Stamp – secondary

Do Not Use
This Area

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Identification Number			Year
8 7 0			

Applicant 1

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 2 _____

(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.

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Identification Number			Year
8 7 0 _____			

Applicant 2

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 _____

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

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Print Name _____

Client signature _____ Date _____

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