

Identification Number			Year
8 7 0 _____			

<b>Client Information</b>
Business Name _____

Branch Office	
Legal Name _____	Social Insurance Number _____

<p><b>Freedom of Information and Protection of Privacy Act</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Print Name _____</p> <p>Client signature _____ Date _____</p>
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Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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