

Manitoba Application for Identification & Subscription Numbers

Identification Number	Subscription	Year
8 7 0 ?	-	?

Client Information	
Business Name ?	
Business Address _____	
Phone Number ()	Fax ()
Applicant Type – Choose one	
Local MASC Office ?	
<input type="checkbox"/> Individual – Provide Social Insurance Number: _____ <input type="checkbox"/> Corporation – Provide Business or Trust Number: ? _____ <input type="checkbox"/> Legal Partnership <input type="checkbox"/> Informal Partnership	

Additional Corporation / Partnership Details				
	Surname/First/Middle Names	Phone	SIN (Partnerships only) OR Address (Shareholders only)	Share %
1	?			?
2				
3				
4				
5				
6				

Program Eligibility ?	
Application for	<input type="checkbox"/> Cattle <input type="checkbox"/> Hogs Questions 1 to 4 must be answered "Yes"
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Client files or intends to file farm Income (or Loss) for tax purposes in the Province of Manitoba as required under the <i>Income Tax Act</i> (Canada)
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Livestock are/will be owned by the applicant
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Client (if an individual) is 18 years of age or older
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	If required to report farm income from Eligible Livestock in more than one province, the amount reported in Manitoba must exceed the amount reported in any other Western Canadian province or a client must be a Status Indian who carried on the business of farming on a reserve in Manitoba

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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The information on this form is collected under the authority of *The Manitoba Agricultural Services Corporation Act* and will be used to evaluate your eligibility for participation in the Western Livestock Price Insurance Program and to administer any contract issued to you under that Program and any other MASC program in which you participate. If you have any questions about this form and the collection and use of information, please contact the Livestock Price Insurance Coordinator, 400-50-24th Street N.W., Portage la Prairie, MB, R1N 3V9, Phone: 204-239-3084

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Authorization ?
<p>Only applicants and parties with written authorization are allowed to give or receive information about this account.</p> <p><input type="checkbox"/> Check here if you want the legal document (Authority Form – Western LPIP) required to designate an Authorized Representative to act on behalf of the client, for all matters regarding WLPPI or for a “Person to only receive Information”. Until the document is received from you completed and signed, the Insurer will not provide or receive information from anyone other than the client.</p>

Consent Statement and Client Declaration ?																					
<p>The Applicant expressly authorizes and consents: (i) to the release by third parties to MASC of any information and data in such third parties’ possession, the disclosure of which relates to the administration of the Applicant’s participation in the Western Livestock Price Insurance Program including, without limitation, any contract issued to the Applicant under that Program; and (ii) to the release by MASC to the Government of Canada, the Government of Alberta, the Government of Manitoba and their respective crown agencies of any information and data in MASC’s possession pertaining to the Applicant’s participation in the Program on a confidential basis.</p> <p style="color: red;">Cheques and correspondence will be sent to the “Client” shown as the Business Name.</p> <p>I (the Applicant) declare that all 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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Client Signature</th> <th style="width: 35%;">Date</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td><td></td></tr> </tbody> </table>		Client Signature	Date	1			2			3			4			5			6		
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**Complete and return this form to any local MASC office, or fax to 204.239.3241.
If you have any questions, please call 1.844.782.5747.**

MASC Office Use Only	
Comments _____	
Reviewed by _____	Date _____
Local MASC Office	
Approved by _____	Date _____
For MASC	