

Identification Number	Subscription		Year
8 7 0 _____	- _____		

Client Information:
Business Name _____
Business Address _____
Contact Person (Must be an Applicant, or Shareholder of the company) _____

Legal Name _____
Social Insurance Number _____

<p>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.</p> <p>Client Signature _____</p> <p>Print Name _____</p> <p>Date _____</p>

Do Not Use This Area	Date Stamp	Do Not Use This Area
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SCIC recognizes the sensitivity of your personal information. Any personal or business information given to SCIC for the purpose of the Program, may be shared with the AFSC and/or AAFC for the purposes the Program. Your personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act (Saskatchewan) (the FOIP Act) and will be protected according to the FOIP Act, The Saskatchewan Crop Insurance Corporation Act, and other applicable Saskatchewan statutes, regulations, and SCIC privacy policies. You agree that SCIC, AFSC, and AAFC may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to The Archives Act. For all privacy concerns related to this program, please contact SCIC's Privacy Manager at 306.728.7200 or email securityofficer@scic.ca