

Manitoba Application for Identification & Subscription Numbers

Identification Number			Year
8 7 0 _____			

Client Information				
Business Name _____				
Business Address _____				
Phone Number () Fax ()				
Email _____				
Applicant Type – Choose one				MASC Office: <input type="text"/>
<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

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 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: 431-815-6137

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Authorization

Only applicants and parties with written authorization are allowed to give or receive information about this account.

☐ Check here if you want the legal document (Authority Form – LPI) required to designate an Authorized Representative to act on behalf of the client, for all matters regarding LPI 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.

Conflict of Interest

☐ The Livestock Price Insurance applicant acknowledges that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

Consent Statement and Client Declaration

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 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.

Cheques and correspondence will be sent to the “Client” shown as the Business Name.

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.

	Client Signature	Date
1		
2		
3		
4		
5		
6		

**Complete and return this form to any MASC office.
If you have any questions, please call your MASC office.**

MASC Office Use Only

Comments _____

Received by _____ Date _____
For MASC