









Saskatchewan Application for Identification & Subscription Numbers

Identification Number			Year
8 7 0 			

Client Information	
Business Name 	_____
(If individual, list surname first)	
Business Address	_____
Phone Number (_____)	Fax (_____)
Contact Person (Must be an Applicant, or Shareholder of the company) 	_____
Applicant Type – Choose one	Local SCIC Office: 
<input type="checkbox"/> Individual – Also complete a Personal Information Form <input type="checkbox"/> Corporation – Provide Business or Trust Number:  _____ <input type="checkbox"/> Informal Partnership – Individuals must complete a Personal Information Form <input type="checkbox"/> Legal Partnership – Provide Business Number: _____	


Shareholder Details 				
	Surname/First/Middle Names	Phone	Address	Share %
1				
2				
3				
4				
5				
6				


Do Not Use This Area	Date Stamp	Do Not Use This Area
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Saskatchewan Crop Insurance Corporation (SCIC) recognizes the sensitivity of your personal information. Any personal information given to SCIC for the purpose of the Western Livestock Price Insurance Program will be shared with the province of Alberta for the purpose of administering the Program. SCIC and Alberta will secure your information in accordance with the *Freedom of Information and Protection of Privacy Act*, the *Personal Information and Protection of Electronic Documents Act*, *The Saskatchewan Crop Insurance Corporation Act*, and other applicable Saskatchewan statutes, regulations and SCIC privacy policies. You agree that SCIC and Alberta 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 & Security Manager at 306.728.7200 or email securityofficer@scic.gov.sk.ca


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Program Eligibility 	
Application for	<input type="checkbox"/> Cattle <input type="checkbox"/> Hog
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 Saskatchewan 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	Client's greatest amount of income from Eligible Livestock would be reportable in Saskatchewan under the <i>Income Tax Act</i> (Canada) or be a Status Indian who carried on the business of farming on a reserve in Western Canada.

Online Web Account Creation 	
Email _____	Your activation Key will expire after 30 days.

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

Client Declaration		
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		

SCIC Office Use Only	
Comments _____	
Approved by _____	Date _____
For SCIC	