

Branch Office Use Only			
Identification Number			Year
8 7 0 _____			_____

Client Information
Business Name _____
Address _____
Primary Contact Person (must be an applicant, or shareholder of the company) _____
Contact Information:
GST/BN/Trust # _____ Home Quarter _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Part Section Township Range Meridian </div>

Branch Office Use Only					
List Business Name(s) already in Envoy/Connect for the clients named on this application	Identification Number	Names of clients involved in businesses	Ins	Lend	Ag-S
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confirmed Identity For:			
	Government ID(s) Viewed:	Viewed by:	Date:
Applicant 1			
Applicant 2			
Applicant 3			
Applicant 4			
Applicant 5			
Applicant 6			
Applicant 7			
Applicant 8			

Comments _____

Reviewed by _____ Print Name _____

Authority Level _____ Branch Office _____ Date _____

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Application for Identification Number

Identification Number			Year
8 7 0 _____			

Applicant 1

Legal Name: _____
Surname First Middle Name commonly used

Mailing Address: _____
Address Town Province Postal Code

Contact Numbers: _____
(indicate primary contact) Home Work Cell Fax

Email address: _____

Preferred method(s) to receive correspondence from AFSC: Email Mail Fax

Do you wish to create an online account: Yes No

Shareholder: Yes No

Relationship to: Applicant 2 _____ Applicant 3 _____ Applicant 4 _____
(mother – father – brother – sister – aunt – uncle – son – daughter – grandparent)

Freedom of Information and Protection of Privacy Act and Client Declaration

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.

By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: B.C. Ministry of Agriculture and Food, Alberta Ministry of Agriculture and Irrigation, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture, Manitoba Agriculture Services Corporation, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC, federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; (iii) for AFSC, federal and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program compliance; (v) for research development; and (vi) for statistical purposes.

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.

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

I declare that all of the information provided in this form is accurate and true and I understand that I must notify AFSC immediately if this business undergoes a change in participants or if I discover that any of the information contained in this form is inaccurate or untrue. Should the information I provided not be accurate or true, I agree that AFSC may cancel any application or approved subscription issued in reliance on such provided information.

Client Signature _____ Date _____

Each client must complete a separate "Personal Information Form". Not applicable for incorporated businesses.

Identification Number			Year
8 7 0 _____			_____

Applicant 2

Legal Name: _____
Surname First Middle Name commonly used

Mailing Address: _____
Address Town Province Postal Code

Contact Numbers: _____
(indicate primary contact) Home Work Cell Fax

Email address: _____

Preferred method(s) to receive correspondence from AFSC: Email Mail Fax

Do you wish to create an online account: Yes No

Shareholder: Yes No

Relationship to: Applicant 1 _____ Applicant 3 _____ Applicant 4 _____
(mother – father – brother – sister – aunt – uncle – son – daughter – grandparent)

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Client Signature _____ Date _____

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8 7 0 _____			_____

Applicant 3

Legal Name: _____
Surname First Middle Name commonly used

Mailing Address: _____
Address Town Province Postal Code

Contact Numbers: _____
(indicate primary contact) Home Work Cell Fax

Email address: _____

Preferred method(s) to receive correspondence from AFSC: Email Mail Fax

Do you wish to create an online account: Yes No

Shareholder: Yes No

Relationship to: Applicant 1 _____ Applicant 2 _____ Applicant 4 _____
(mother – father – brother – sister – aunt – uncle – son – daughter – grandparent)

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Client Signature _____ Date _____

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Identification Number			Year
8 7 0 _____			_____

Applicant 4

Legal Name: _____
Surname First Middle Name commonly used

Mailing Address: _____
Address Town Province Postal Code

Contact Numbers: _____
(indicate primary contact) Home Work Cell Fax

Email address: _____

Preferred method(s) to receive correspondence from AFSC: Email Mail Fax

Do you wish to create an online account: Yes No

Shareholder: Yes No

Relationship to: Applicant 1 _____ Applicant 2 _____ Applicant 3 _____
(mother – father – brother – sister – aunt – uncle – son – daughter – grandparent)

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Client Signature _____ Date _____

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