

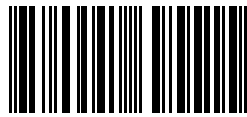


Alberta Application for Identification Number – WLPIP

Identification Number	Subscription		Year
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Client Information	
Business Name _____	
Business Address _____	
Contact Person (Must be an Applicant, or Shareholder of the company) _____	
Contact Information	
Home / Business (_____) Cell (_____)	Phone Number _____ Home Quarter _____ Part _____ Section _____ Township _____ Range _____ Meridian _____
Email _____ Fax (_____)	GST/BIN/Trust # _____ Local WLPIP Office _____ Province _____

Applicant Details		
Applicant(s)	#1 – Record legal name	#2 – Record legal name
Surname	_____	_____
First and Middle	_____	_____
Name commonly used	_____	_____
Mailing address	_____	_____
Town & Postal Code	_____	_____
Province	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
Fax number	_____	_____
Email address	_____	_____
Request an "Application Additional Names" form if more than two legal named applicants.		



Date Stamp – primary

Date Stamp – secondary

The personal information on this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the WLPIP Call Center, 5718 56th Avenue, Lacombe AB, 1.844.782.5747.

