

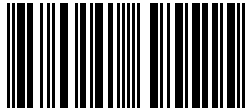
Identification Number	Subscription		Year
8 7 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Applicant Details		
Applicants	#3 – Record legal name	#4 – 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	_____	_____

Date Stamp – primary

Date Stamp – secondary



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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Shareholder:	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %
Signing Officer:	<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____	<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____
Identify relationship to	Client #1 _____	Client #1 _____
	Client #2 _____	Client #2 _____
	Client #4 _____	Client #3 _____
Legend – Spouse or Common Law Other – please specify	Mother – Father	Sister – Brother Aunt – Uncle Son – Daughter Grandparent

Client Declaration

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

I (the Applicant) declare that all of 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 participants or I discover that any of the information contained in this application is inaccurate or untrue.

Client Signature: #3: _____ #4: _____

Date: _____

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

Applicants	#5 – Record legal name	#6 – 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	_____	_____

Identification Number	Subscription		Year
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Shareholder:	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes – share _____ %
Signing Officer:	<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____	<input type="checkbox"/> No <input type="checkbox"/> Yes – title _____
Identify relationship to	Client #1 _____	Client #1 _____
	Client #2 _____	Client #2 _____
	Client #3 _____	Client #3 _____
	Client #4 _____	Client #4 _____
	Client #5 _____	Client #5 _____
	Client #6 _____	Client #6 _____
Legend – Spouse or Common Law Mother – Father Sister – Brother Aunt – Uncle Son – Daughter Grandparent Other – please specify		

Client Declaration

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

I (the Applicant) declare that all of 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 participants or I discover that any of the information contained in this application is inaccurate or untrue.

Client Signature: #5: _____ #6: _____

Date: _____ _____

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

SCIC Office Use Only

Comments _____

Reviewed by _____ Local SCIC Office Date _____

Approved by _____ For SCIC Date _____