

Identification Number	Subscription		Year
8 7 0 _____	- _____		

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 and the Freedom of Information and Protection of Privacy Act (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 signing this form below, 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: Alberta Agriculture and Forestry, 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; and (iii) AFSC, federal, and provincial policy and program evaluation; (iv) for research and statistical development; and (v) for statistical purposes.

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

I/we undertake to immediately notify the Local LPI Office in writing if I/we discover that any of the information contained in this application is inaccurate or untrue.

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Service Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

Signature. Return this completed document to your local LPI office.

Dated at _____ in the Province of Alberta this the _____ day of _____ 20____

City or Town Date Month Year

Client _____ Signature _____ Witness _____ Signature _____

Client (Printed Name) _____ Witness (Printed Name) _____