

AGRICULTURAL MARKETING PROGRAMS ACT (AMPA) **ADVANCE PAYMENTS PROGRAM PARTNERSHIP / CORPORATION / COOPERATIVE**

PART 4 - JOINT AND SEVERAL GUARANTEE

| Indicate if: | Partnership | Corporation | Cooperative | | |
|--|------------------------------------|---------------------------------|--|--|--|
| We, being Partners/Shareholders/Members, as the case may be of | | | | | |
| /Cooperative, as the case may be, by the Administrator for (volume of crop) of | | | | | |
| crop for the crop year and the Minister of Agriculture and Agri-Food guaranteeing repayment of such advance and | | | | | |
| interest thereon, do hereby agree to be jointly and severally liable to the Administrator, or the Minister of Agriculture and | | | | | |
| Agri-Food, for any amount owing by the Partnership/Corporation/Cooperative, as the case may be, pursuant to section 22 or any | | | | | |
| amount owing p | oursuant to section 23 of AMPA | . We recognize that the Mini | ister of Agriculture and Agri-Food and the | | |
| Administrator, pursuant to AMPA, may stay a default of the Producer and we agree to such stay if the Minister of Agriculture and | | | | | |
| Agri-Food and the Administrator deem it advisable. | | | | | |
| Please Note: | By signing this document it shou | ld be understood that action ma | ay be taken against you personnally to repay | | |
| | the full amount of any defaulted a | idvance. | | | |

IN WITNESS WHEREOF I hereunto set our hands and seals.

| Dated at | the | day of, |
|------------------|---------------------------|----------------------------------|
| | | |
| — | Signature of Shareholder | Witness (must not be a relative) |
| | | |
| • | Please Print Name Clearly | Please Print Name Clearly |
| | | Address of Witness |
| - | Signature of Shareholder | Witness (must not be a relative) |
| Signed, sealed | | |
| and delivered in | Please Print Name Clearly | Please Print Name Clearly |
| the presence of | | Address of Witness |
| - | Signature of Shareholder | Witness (must not be a relative) |
| - | Please Print Name Clearly | Please Print Name Clearly |
| | ricuse i mit name oleany | r louse r mit rume oleany |
| • | | Address of Witness |

Any personal information provided to Agriculture and Agri-Food Canada will be protected under the provisions of the **Privacy Act** and will be stored in Personal Information Bank AAFC-PPU-140.

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