APPLICATION FOR DEPOP/REPOP PROGRAM

Department of Agriculture P.O. Box 1600 Charlottetown, PE C1A 7N3 Phone 902 368-5647 Fax 902 368-5729

General Information

Applicant's	Name
Farm Name	
Farm Locat	ion
Mailing Ad	dress
Telephone	Number(s)
Banker's N	ame and Address
Accountant	's Name and Address
Type of Le	gal Entity (Corporation, Partnership, Proprietorship, etc.)
Type of Ho	g Operation (Finish, Farrow-Finish, Farrow)
Amount of	Loan Requested
Declaration	of Applicant:
(a)	The information given in this application is, to the best of my knowledge and ability,
	complete, true and correct;
(b)	I will provide all information required by the PEI Lending Agency. to complete the
	assessment of this project and I consent to the PEI Lending Agency to make any
	enquiries of such person, firms or corporations as it deems necessary in order to reach
	such a decision on this application; and
(c)	I will instruct the lender as indicated above to provide the Department of Agriculture
	with full information concerning my (the applicant's) operations and financial position.
	I further authorize the PEI Lending Agency. to discuss fully my (the applicant's) affairs
	with the Credit Review Committee.
Sig	nature of Applicant
Dat	e

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the Depop/Repop Loan Program and will be used for determining program eligibility. If you have any questions about this collection of personal information, you may contact Program Administrator, Depop/Repop Loan Program, P.O. Box 1600, Charlottetown, PE, C1A 7N3, (902) 368-5647.

FINANCIAL INFORMATION (Please complete all questions)

	cing e summary on the financing you anticipate arranging for the project, including amo costs as well as operations.
Provid	gement and Ownership e the history of management personnel and their background relevant to the propos t. Note names of all partners/shareholders and their proposed involvement in the pro-
Project Attach	etions 3 year projections for the project. Include details regarding sales (# and \$), purcha
expens	ses, and loan repayments.
Finan	cial Statements financials statements for your existing operation for the past three years; including d balance sheet.
Attach	
Attach update Securi Provid of proj	e a detailed schedule of the capital costs associated with the project, detailed inforposed loans (including operating loans) and the security to be provided in support loans.

 $(If\ necessary,\ use\ back\ of\ page\ for\ additional\ information)$

APPLICATION TO BE RETURNED TO:

DEPARTMENT OF AGRICULTURE AND FORESTRY, P.O. BOX 1600, CHARLOTTETOWN, P.E.I., C1A 7N3

ATTENTION: CHARLES COLES

LOAN TERMS FOR PRODUCERS

Applicants must agree to the following loan terms by signing a legal agreement upon approval of this application. Upon approval of the loan to the producer, these terms are binding upon the producer until the loan is repaid in full.

Requirements:

- operation must be located on P.E.I.;
- producer must be licensed by the P.E.I. Hog Commodity Marketing Board;
- the applicant is to provide a Disease Control Program for their farm. Each Disease Control Program must be approved by the Industry Chair for Swine Research (Dr. Hurnik) prior to loan approval.
- the producer is eligible for a loan to a maximum of \$300.00 per sow, to depopulate and repopulate the hogs in their existing facility.

• Terms of the loan:

the capital loan is based will be amortized over a four year period. In year one, the interest will be capitalized. Payments will commence in year two. In any event, the loan is to be paid in full by the end of year five.

- a levy per hog is required to pay back the loan. The levy amount will be applied to the
 applicant's total production as the hogs are processed at the GPM plant. The levy will differ
 depending on the number of hogs to be marketed but must be sufficient to retire the loan by the
 end of year five.
- the borrower is to provide the Agency with copies of receipts/invoices related to the proposed project.
- all fees will be on the account of the borrower

P.E.I. LENDING AGENCY

CREDIT VERIFICATION FORM

NAME OF DEBTOR	
ADDRESS OF DEBTOR:	
NAME OF LENDING INSTITUTION:	
ADDRESS OF LENDING	
INSTITUTION:	
NAME OF CONTACT PERSON:	
(Please Print)	
TITLE:	PHONE #:
DATE OF ORIGINAL LOAN	
ORIGINAL BALANCE:	
REPAYMENT (AMOUNT &	
FREQUENCY):	
PRINCIPAL BALANCE OWING:	
ARREARS OWING:	
TOTAL OWING:	
INTEREST RATE:	
SECURITY HELD:	
	<u> </u>

DATE:		
SIGNATURE OF OFFICER:		