

CANADA BRITISH COLUMBIA FEEDER CALF SET-ASIDE PROGRAM APPLICATION FORM

Application Deadline: January 15, 2005

Owner Information							
Type of Application (Must select only O	_	4 0		,			
☐ Individual ONLY		rporate O			oint (Multiple Entities)		
If you have checked off <i>Joint</i> (<i>Multip</i> Appendix on page 3 of this application		orporate O	NLY.	, you must complete the	Joint Entity or Shareholder		
Eligible Owner (payment / cheque will be made							
Social Insurance Number				Business Number (GST)			
-	-	AND	/ OF	R	-		
	* Information	will be used t	o issu	e AGR-1 Tax Slips			
Contact Information Last Name			First N	Name			
Mailing Information							
Address			Leg	al Land Description of Home	Quarter		
City / Town		Province		Quarter Section T	Township Range Meridian		
Postal Code Home phon	e	Cell	phone		Fax		
	l	()	()		
Email address							
Program Information SET-ASIDE PERIOD (Select by initialing	one ontion)						
Set Aside Eligible Animals until C		OR		Set Aside Eligible Anima	ıls until January 1, 2006		
INVENTORY (Enter number of animals)		SET AS	SIDE	AMOUNT (Select 30% OR	40% and calculate Eligible Animals)		
A. Number of Beef cows that	A.	Initial for	30%	A X 30% = B	В.		
calved or will calve in 2004 (Must be at least 2 cows)		Initial for		$A \times 40\% = B$			
C. Number of 2004 Beef calves	C.	Illinario	TV/V 1		B. Number Eligible		
currently in inventory (If C is less than B, you are not currently eligible)					Animals to be tagged and Set Aside		
Statement of Certification					Serialization		
T	- £			: 41	a manina of Daitish Columbia		
I,Name (print)	of		City/	in the Town	e province of British Columbia		
The Applicant acknowledges, consents and	agrees that:						
- I/we are the eligible Applicant for the animals of animals, with a copy of such powers of attorney	claimed in this applications attached to the	cation, or have	e duly	authorized powers of attorney	to sign on behalf of the owners of the		
 I/we hold title to the animals declared in this ap I/we are a Canadian resident and file farm income 	nlication:						
British Columbia; - I/we understand and agree to the terms and con	ditions of the Canad	la-British Col	umbia	Feeder Calf Set-Aside Progra	m;		
 I/we authorize the release of any information re of Program administration; I/we understand and agree that the Set-Aside B 		•	-	•			
by Program administrators; and - the information given on this application is true					any 1, 2000, unless otherwise permitted		
AND I certify that the information given or		•	_		ge.		
					(1.0)		
Signature of Applicant	and Parks of the St	91.6	1	Date (yyyy/mr	•		
The personal information requested on this a	application form wi	III be protecte	ed un	der the provisions of the <i>Pr</i>	vacy Act.		

Agriculture et Agroalimentaire Canada



Fax: (250) 260-3025

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Applicant Name	Phone
Set-Aside Period Selected	Tag Back Colour

Tag Information Appendix

- Please fill in the **RFID** (Radio-Frequency ID) tag numbers of the calves that have been tagged for set aside.
- **NOTE**: The total beef calves tagged and listed must be equal to **Box B** on page 1.
- Return completed forms to: Canada British Columbia Calf Set-Aside Program, BCMAFF, 4607 23 Street, Vernon BC V1T 4K7

		BCMAFF, 4607				U / -	- 23	Street, Vernon BC VIT 4K7						Fax: (250) 260-3025											
1												21													
2												22													
3												23													
4												24													
_5												25													
6												26													
7												<u>27</u>													
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13												33													
14												34													
15												35													
16												36													
17												<u>37</u>													
18												38													
19												39													
20												40													

NOTE: You may photocopy this sheet if you have insufficient space to list tag numbers of animals set aside. If a computer generated copy of your ID tags is available, you may attach it instead of this appendix





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	plicant Name	, and a second	Phone				
An	IndividualIf this is a	l ONLY application Corporate ONLY a	application, list all share	Entity) or Corporate ONLY appeleholders. payers to be eligible under this	-	s section if	this is an
	Last Name	First Name	Business Name	SIN / SSN	Business Number (GST)	% Ownership	Canadian Resident ?
1							□Y□N
2							□Y□N
3							□Y□N
4							□Y□N
5							□Y□N
6							□Y□N
7							□Y□N
8							□ Y □ N
9							□ Y □ N
10							□ Y □ N
11							□Y □N
12							□Y□N

Hints:

Please be sure to list all joint entities or shareholders, incomplete information will significantly delay the processing of your application.