

CWB service agency status application



Name of applicant (registered or incorporated company name)

P.O. box or street and number _____
City/town _____ Province _____ Postal code _____
Phone () _____ Fax () _____
E-mail _____
GST number _____

Names and titles (list all applicable individuals). Please indicate whether the individual is also a company signing officer by checking the box next to their name.

Name and title	Signature
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____

Description of the company's operations and any other services offered to farmers within the vicinity of the company's location. (Use the space provided below or attach a separate paper.)

Other CWB services (Please check any other services you would like to apply for.)

E-services Advance agreements
(Third party user contract)

Applicant signature

Date

Mail application to:
The CWB
Farmer Operations
Business systems and industry agreements
423 Main Street
P.O. Box 816, Stn. Main
Winnipeg, MB R3C 2P5