

APPLICANT # 1 INFORMATION						
Legal Surname		Full Legal Name (First Name, Second Name)				
Date of Birth (YYYY-MM-DD)	SIN (Op	 rtional)		Drive	ers License Number	
Dute of Birth (1111 Will DD)	311 (OP	rional)	Dive		13 Electise Namber	
Address						
Town/City		Province			Postal Code	
Home Telephone Number		Cell Number			Other Number	
Blue Sign Number		Email Address	Email Address			
		APPLICANT #2 INF	ORMATION			
Legal Surname		Full Legal Name (First Name, Second Name)				
Date of Birth (YYYY-MM-DD) SIN (Option		ional)		Dri	Drivers License Number	
Address	<u> </u>					
			1		T	
Town/City			Province		Postal Code	
Home Telephone Number Ce		ell Number		Oth	Other Number	
Blue Sign Number	Е	mail Address		,		



BANKING	6 INFORMATION					
Name of Financial Institution Where Applicant Maint	Phone Number					
Address						
LOAN PURPOSE						
Credit Amount Requested	Appr	Approximate Number of Head				
☐ Youth Program ☐ Heifer Calves	☐ Bred Heifers	☐ Bulls				
\square Bred Cows (Under 5 yrs. of age) \square Cow Calf	Pairs (Under 5 yrs. of	age) SHEEP				
☐ Bred Cows (Over 5 yrs. of age) ☐ Cow Calf	Pairs (Over 5 yrs. of a	ge) \square Yearling Ewes \square Ewe Lambs				
Years of Experience in Livestock Operation	Numb (Sheep Lambed)	er of Cows Calved (Last year of calving)				
LIVESTO	OCK LOCATION					
Where Will the Livestock be Pastured?						
☐ Owned Land ☐ Rented Land ☐	Community Pasture	☐ Not Being Pastured				
Will the Livestock be Held at a Third-Party Location? $\ \square$ Yes $\ \square$ No						
Other, Please Explain:						



Legal Land Description Where Breeding Stock Will Be Held					
Home/Winter Location:					
Pasture Location:					
Directions From Nearest Town					
Name of Town:					
Directions:					
CALF PRICE INSURANCE PROGRAM - Optional					
The Livestock Price Insurance Program for Calves offers price insurance that is intended to insure calves born in the spring and sold in the fall. Producers will have the ability to evaluate coverage options from February to May to tailor insurance coverage to their operation and intended calf marketings for September to December.					
I would like more information on the Calf Price Insurance Program.	☐ Yes	□ No			
I would like to participate in the CPIP Program.	☐ Yes	□ No			



AUTHORIZATION

I am making this application for Loan(s) to Alberta Breeder Finance Inc. If my application is accepted, I will be required to complete a Loan Agreement, Security Agreement, Promissory Note and to Provide other documents and Information to obtain the Loan(s).

Alberta Breeder Finance Inc. may disclose the particulars of my Loan(s) to other for the purpose connected with my Loan(s). I authorize and consent to the receipt and exchange of credit information about me from time to time, including the exchange and sharing of credit information with any credit reporting agency, credit bureau or person with whom I may have financial affairs which they may require.

I certify that all information I have provided in this application is accurate and is a true representation of my financial position.

Applicant's Signature	Date
	<u>-</u>
Print Name of Applicant	
Applicant's Signature	 Date
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Print Name of Applicant	