

# SK LIVESTOCK FINANCE CO-OPERATIVE LTD.

## MEMBERSHIP APPLICATION - PARTNERSHIP

**APPLICATION TO:** SK Livestock Finance Co-operative Ltd. (SKLF)

The partnership hereby applies for membership to SKLF. Upon becoming a member, the partnership and each individual partner agrees to abide by the rules and regulations of SKLF. Standard non-refundable application fee applies.

	Cattle	Bison	Sheep
Requested Breeder Limit	\$	\$	\$
Requested Feeder Limit	\$	\$	\$

### CONSENT, CREDIT CHECK AND REFERENCES

- All parties consent for SKLF to run a credit check, personal property check and any other due diligence checks required to assess the membership application
- All parties represent and warrant that they are currently up to date on all utility bills, property taxes and other taxes
- All parties represent and warrant that they are currently in good standing with my financial institution(s)
- All parties consent to have SKLF follow-up with the references provided below and any other creditor
- All parties understand that, by signing this form, SKLF can communicate by email at the address provided on this form

Bank References			
Bank Name		Account Manager	Account #
Address	City	Province	Postal Code
Country	Telephone	Fax	Email
Bank Name		Account Manager	Account #
Address	City	Province	Postal Code
Country	Telephone	Fax	Email
Bank Name		Account Manager	Account #
Address	City	Province	Postal Code
Country	Telephone	Fax	Email
Credit Industry References			
Company Name			Account Manager
Address	City	Province	Postal Code
Telephone	Fax	Email	
Company Name			Account Manager
Address	City	Province	Postal Code
Telephone	Fax	Email	
Company Name			Account Manager
Address	City	Province	Postal Code
Telephone	Fax	Email	

Company Name			Account Manager
Address	City	Province	Postal Code
Telephone	Fax	Email	

Please comment on whether you are currently branding or tagging your livestock. If you are branding, what brand(s) do you currently use and what location(s) are you branding?

Please note that:

1. All membership applications, including requests to increase financial assistance, are subject to approval by SKLF’s CEO.
2. The partnership member limit (for feeder and breeder options combined) cannot exceed the maximum allowable by Policy.

The applicant hereby authorizes:

1. SKLF and SKLF’s lender to each release, collect and exchange information from each other and from any other person, creditor corporation, financial institution, credit reporting agency, government or entity (collectively “other person”); and
2. any other person to release to SKLF and SKLF’s lender any of the applicants’ financial or other personal information reasonably required to determine the applicant’s suitability for membership in SKLF, for an advance, or increased financial assistance, or for continuing financial assistance, to be made to SKLF on behalf of the applicant.

The partnership and each partner certify that none are an undischarged bankrupt, in litigation with any other person or, before the Farm Debt Mediation Services or the Farm Land Security Board (Farm Security Programs) and there are no unsatisfied judgements against outstanding.

\_\_\_\_\_   
 Print Full Legal Name

\_\_\_\_\_   
 Address

\_\_\_\_\_   
 Postal Code

\_\_\_\_\_   
 Premise Identification # (PID)

\_\_\_\_\_   
 Email Address

\_\_\_\_\_   
 Cell Phone

\_\_\_\_\_   
 Business Phone

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_; in RM # \_\_\_\_\_

\_\_\_\_\_   
 Date (MM/DD/YYYY)

\_\_\_\_\_   
 Partnership Authorized Signatory

PARTNER INFORMATION Attach separate sheet to list additional partners (all must be listed).

1.

Print Name in Full	Date of Birth (MM/DD/YYYY)	
Address	Postal Code	Premise Identification # (PID)
Email Address	Cell Phone	Business Phone
Quarter _____ Section _____ Township _____ Range _____ Meridian _____; in RM # _____		
<input type="checkbox"/> I consent that I am current on my utility bills and property taxes	<input type="checkbox"/> I provide consent for SKLF to perform credit checks	
Partner's Signature	Date (MM/DD/YYYY)	

2.

Print Name in Full	Date of Birth (MM/DD/YYYY)	
Address	Postal Code	Premise Identification # (PID)
Email Address	Cell Phone	Business Phone
Quarter _____ Section _____ Township _____ Range _____ Meridian _____; in RM # _____		
<input type="checkbox"/> I consent that I am current on my utility bills and property taxes	<input type="checkbox"/> I provide consent for SKLF to perform credit checks	
Partner's Signature	Date (MM/DD/YYYY)	

3.

Print Name in Full	Date of Birth (MM/DD/YYYY)	
Address	Postal Code	Premise Identification # (PID)
Email Address	Cell Phone	Business Phone
Quarter _____ Section _____ Township _____ Range _____ Meridian _____; in RM # _____		
<input type="checkbox"/> I consent that I am current on my utility bills and property taxes	<input type="checkbox"/> I provide consent for SKLF to perform credit checks	
Partner's Signature	Date (MM/DD/YYYY)	

4.

Print Name in Full	Date of Birth (MM/DD/YYYY)	
Address	Postal Code	Premise Identification # (PID)
Email Address	Cell Phone	Business Phone
Quarter _____ Section _____ Township _____ Range _____ Meridian _____; in RM # _____		
<input type="checkbox"/> I consent that I am current on my utility bills and property taxes	<input type="checkbox"/> I provide consent for SKLF to perform credit checks	
Partner's Signature	Date (MM/DD/YYYY)	