

SASKMILK DESIGNATED REPRESENTATIVE FORM

444 McLeod Street, Regina, SK S4N 4Y1

Fax: (306) 949-2605

SaskMilk requires a record of signing authorities/designated representatives for each licensed producer. Please fill in this form and return by fax or mail to the SaskMilk office as soon as possible.

Legal name of licensed producer: _____

Producer ID #: _____

Name of signing authority for all milk-related **financial** matters (ie: levy, quota buying/selling, transfer credits and other financial issues and programs, etc.):

#1 (Required)	_____	#2 (Optional)	_____
Print name:	_____	Print name:	_____
Signature:	_____	Signature:	_____
Position:	_____	Position:	_____

Name of signing authority for **production facility** (ie: licences, milk quality, CQM, etc.):

#1 (Required)	_____	#2 (Optional)	_____
Print name:	_____	Print name:	_____
Signature:	_____	Signature:	_____
Position:	_____	Position:	_____

Name of signing authority for **governance**-related issues (ie: producer meeting attendance, voting, nominations, etc.):

#1 (Required)	_____	#2 (Optional)	_____
Print name:	_____	Print name:	_____
Signature:	_____	Signature:	_____
Position:	_____	Position:	_____

Name of person(s) authorized to receive information related to the licensed production unit (not a signing authority):

#1 (Optional)	_____	#2 (Optional)	_____
Print name:	_____	Print name:	_____
Signature:	_____	Signature:	_____
Position:	_____	Position:	_____
Email:	_____	Email:	_____

Please note that you must be a partner or shareholder as per Milk Policy 05/2010 to be eligible as a signatory.

If you have any specific requests such as witnessing documents for transfer credits or quota transactions please indicate on this form. If you have any questions, please call (306) 949-6999.

If any of the above authorities change you are responsible for notifying the Board office as soon as possible.