

SASKATCHEWAN MILK MARKETING BOARD

444 McLeod Street, Regina, SK S4N 4Y1

Telephone: (306) 949-6999 Fax: (306) 949-2605

APPLICATION FORM FOR PRIVATE QUOTA TRANSFER OR SALE

SELLER

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer or sell:

_____ kilograms of quota **OR**
_____ kilograms of quota to an immediate family member ► State Relationship: _____

Enterprise Name: _____ Producer I.D. # _____

Requested Effective Date of transfer/sale: _____

Email: _____ Fax: _____ Phone: _____

Address: _____ City: _____ Prov: _____

Barn Land Location: _____ Postal Code: _____

Signature

Witness Signature

Print name of witness:

BUYER

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer or purchase:

_____ kilograms of quota **OR**
_____ kilograms of quota to an immediate family member ► State Relationship: _____

Enterprise Name: _____ Producer I.D. # _____

Requested Effective Date of transfer/purchase: _____

Email: _____ Fax: _____ Phone: _____

Address: _____ City: _____ Prov: _____

Barn Land Location: _____ Postal Code: _____

Signature

Witness Signature

Print name of witness:

ACKNOWLEDGEMENT

Signatories acknowledge that transactions are administered in accordance with SaskMilk rules and policies, including that 15% of all transfers must be made through the Quota Exchange (except for transfers within immediate family or for a complete dairy unit).

DEADLINE

All applications to transfer must be received at the Board office by midnight of the 6th of the month in order to become effective on the 1st day of the month following approval of the transfer.

Approved by: _____

Effective Date: _____