SASKATCHEWAN MILK MARKETING BOARD 444 McLeod Street, REGINA, SASK. S4N 4Y1 Telephone (306) 949-6999 Fax (306) 949-2605

QUOTA EXCHANGE APPLICATION FORM TO SELL OR BUY DAILY QUOTA

ENTERPRISE NAME	
ADDRESS	CITY
PROVINCE	POSTAL CODE
PRODUCER I.D. #	PHONE:
EMAIL:	FAX:

SELL

All offers to sell must be accompanied by a letter of consent from each lender or other secured party that has security interest in the quota being offered for sale.

I/WE OFFER TO SELL ____KGS OF DAILY QUOTA @ \$____PER KILOGRAM.

DATE _____ SIGNATURE _____

BUY

All offers to purchase must be accompanied by a letter from a financial institution or lender confirming funds.

I/WE OFFER TO BUY KGS OF DAILY QUOTA @ PER KILOGRAM.

DATE ______ SIGNATURE _____

ACKNOWLEDGEMENT

Signatories acknowledge that transactions, adjustments, and results are administered in accordance with SaskMilk rules and policies.

FEES

Quota Exchange Fees will be deducted from your monthly milk cheque.

DEADLINE DATE

All offers to sell OR buy quota through the Quota Exchange must be received at the Board office by midnight of the 6th of the month in order to be part of that same month's Exchange.