

SASKATCHEWAN MILK MARKETING BOARD

470 Maxwell Crescent, Regina, SK S4N 6L7

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

APPLICATION FOR PRIVATE CREDIT TRANSFER

Part 1: TRANSFER *IN* TRANSFER CREDITS (overshipping)

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer in _____ kilograms of NEGATIVE CREDITS *from* the producer listed in Part 2.

Enterprise Name: _____ Producer I.D. # _____

Email: _____ Fax: _____ Phone: _____

Address: _____ City: _____ Prov: _____

Requested effective date of transfer: _____ Postal Code: _____

Signature Date Witness Signature

Print name of witness:

Part 2: TRANSFER *OUT* TRANSFER CREDITS (undershipping)

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer out _____ kilograms of NEGATIVE CREDITS *to* the producer listed in Part 1.

Enterprise Name: _____ Producer I.D. # _____

Email: _____ Fax: _____ Phone: _____

Address: _____ City: _____ Prov: _____

Requested effective date of transfer: _____ Postal Code: _____

Signature Date Witness Signature

Print name of witness:

ACKNOWLEDGEMENT

Signatories acknowledge that transactions are administered in accordance with SaskMilk rules and policies. Signatories understand that their daily quota will remain constant after the transfer is completed.

DEADLINE

All applications to transfer credits must be received at the Board office by midnight of the twentieth (20th) day of the month in order to become effective on the first day of that same month (if approved).

REMINDER

Canada Revenue Agency requires GST to be charged on transfer credit transactions; this is the responsibility of the signatories.

Approved by: _____

Effective Date: _____