

DAIRY FARMERS OF NEW-BRUNSWICK

29 Milkboard Road, Roachville, New-Brunswick E4G 2G7 Telephone (506) 432-4330 Fax (506) 432-4333

Producer Information							
Legal Name of Producer: (as it is to appear on statement and DFNB records) License #:							
Ownership Type:	Individual	nership	☐ Corpora	ation \square	Other		
		г	F				
All individuals must complete a business representative form verifying the licence ownership. All partnerships or corporations must complete a							
business representative form and attach a lawyer's or certified accountant's letter indicating that the licence ownership is held by a company or							
partnership registered in New Brunswick and list the directors and officers who have the authority to bind the corporation. Licensed Farm Address: farm site address is mandatory and/or GPS Location							
	rovince	Postal Co		Phone	Fax	Email G	PS Coordinates
M. T A J.L	1 ' D O D						
Mailing Address: if different fro	om above i.e. P. O. Box	Postal Co	de	Phone	Fax	Email	
City	Tovince	i ostai Co	uc	1 Hone	гах	Lillan	
, the Sole Owner, agree to appoint the following business representative(s) to conduct business							
on behalf of this Farm with DFNB and appoint the following voting representative to represent the Farm in DFNB electoral and							
meeting activities. I, the representative(s) having been legally designated to represent the partnership or corporation							
and having provided DFNB with the legal documents identifying the entity's directors and officers that have authorized my							
appointment agree to appoint the following business representative(s) to conduct business on behalf of this Farm with DFNB and							
further agree to appoint the following voting representative to represent the Farm in DFNB electoral and meeting activities.							
	<u> </u>		•				
Business Representative(s) Information							
Business Representative(s) Rep							
Name		City	Province	Code	Phone	Fax E1	nail
1.							
2							
Select if the Board is required to obtain the collective approval of more than one representative or if the approval only requires the approval of one							
of the two:							
Collective \Box (both business representatives signatures) OR Individual \Box (one of two business representative signature)							
I HEREBY accept the within designation.							
Signature of Business Representative #1 Signature of Business Representative #2							
Voting Representative Information							
Name of Voting Representative:							
XI 4. D							
Voting Representative Contact City Pr	i information (if differen rovince	t irom abov Postal Co		Phone	Fax	Email	
	i o vince	r ostar co	ac	1 Hone	1 4/1	- Siii	
The Voting Representative is named in matters pertaining to the Dairy Farmers of New Brunswick and LMC activities, namely, to hold office as a							
Member of the Dairy Farmers of New Brunswick or of the LMC, to sign nomination papers, to vote in an election, to attend general meetings of the LMC and to vote thereat. This appointment remains in effect until further written notice to the Dairy Farmers of New Brunswick by the Business							
Representative of the Farm stated herein and this cancels any earlier appointments.							
I HEREBY accept the within designation.							
		;	Signature of	Voting R	epresentat	tive	
EOD DEND OFFICE VICE ON V							
FOR DFNB OFFICE USE ONLY LICENCE NO.						DATES	APPROVAL