



DFNB's Board Orders contain the most up-to-date policies used for all policy and quota transaction interpretation. Copies of the orders are available on the website (nbmilk.org) or by contacting the office at the coordinates above.

APPLICATION FOR NAME CHANGE

in accordance with Section 4a) of the Daily Quota Transfer Order

PART 1: CURRENT FARM NAME INFORMATION

Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	DFNB Licence No.
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Name as it appears on DFNB Milk Statement and Farm Products Commission License <small>Must be a resident of New Brunswick or business must be registered in New Brunswick</small>	Quota _____ kg
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Mailing Address	Phone: Cell: Fax: e-mail:
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I/we understand all current and past quota, production, quality and financial information associated with this licence will become part of the record of the renamed farm..

_____ BUSINESS REPRESENTATIVE (please print)	_____ SIGNATURE	_____ DATE SIGNED
_____ BUSINESS REPRESENTATIVE (please print)	_____ SIGNATURE	_____ DATE SIGNED

PART 2: NEW FARM NAME INFORMATION

Must be a resident of New Brunswick and demonstrate that business name is registered in New Brunswick

Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <small>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.</small>	Quota _____ kg
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New Farm Name to appear on Milk Statement and on Farm Products Commission License <small>Must be a resident of New Brunswick or business must be registered in New Brunswick</small>	Phone: Cell:
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Mailing Address	Fax: e-mail:
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Any changes to the voting or business representatives? Yes No (if yes, please provide DFNB with required information)

Any changes to letters of direction with financial institutions? Yes No (if yes, please provide DFNB with updated letters of direction)

Any changes to the direct deposit account? Yes No (if yes, please provide DFNB with updated account information)

I/we understand all current and past quota, production, quality and financial information associated with this licence will become part of the record of the renamed farm.. I/we certify that the information herein contained is complete true and correct in all respects and undertake to notify DFNB, in writing, of any changes to this information within 30 days of any change. Furthermore, I/we acknowledge that any breach of these requirements will entitle DFNB to take appropriate action in accordance with its Board Orders.

_____ BUSINESS REPRESENTATIVE (please print)	_____ SIGNATURE	_____ DATE SIGNED
_____ BUSINESS REPRESENTATIVE (please print)	_____ SIGNATURE	_____ DATE SIGNED

Note: All name changes are effective on the first day of each month. Forms must be received by the first day of the month to be effective the first of the following month.

Requested month of ownership change _____