

AGRICONSEILS LOGO

REGISTRATION OF FARMING OPERATION IN RÉSEAU AGRICONSEILS

This form must be duly completed and signed by any farming operation guarantor wanting to benefit from advisory services eligible for financial assistance from a *réseau Agriconseils*. It is completed once and applies to each provision of advisory services for the benefit of the farming operation.

1. CONTACT INFORMATION

_____ Name of Farming Operation (Corporate Name)	_____ Year of Establishment	
_____ Department Identification Number (DIN)	_____ Name of Farming Operation Guarantor	
_____ Farming Operation Address (Civic Number, Street, City, Province, Postal Code)		
_____ Main Telephone Number	_____ Fax Number	_____ Email
_____ Main Production	_____ Other Productions	
_____ Preferred Language	_____ Mailing Address (If other than Farming Operation Address)	

2. CONDITIONS FOR FINANCIAL ASSISTANCE

The farming operation is committed to making no false or misleading statements without which it would not have benefited from advisory services eligible to financial assistance from the *réseau Agriconseils*. It is also committed to informing the *réseau Agriconseils* of any change in the information provided in section 1. CONTACT INFORMATION, of this form.

The farming operation is committed to declaring any other financial assistance received, including any discount from an advisory service provider, for the same purposes as for financial assistance received through the *réseau Agriconseils*.

The farming operation is committed to completing and signing the consent once information is communicated and data access is granted, as well as the Waiver of Professional Privilege consent associated with each provision of advisory services eligible for financial assistance from the *réseau Agriconseils*.

The farming operation understands that the *réseau Agriconseils* reserves the right to refuse to grant or withdraw financial assistance if the farming operation does not respect the commitments contained in the three previous paragraphs.

Initials: ____

3. CFBAS and PAVE SPECIFIC CLAUSE

In the event of the network being appointed by the MAPAQ to ensure the administration of the Canadian Farm Business Advisory Services (CFBAS) and Planning and Assessment for Value-Added Enterprises (PAVE) programs, the farming operation agrees that the network may, if need be for the farm, offer complementary advisory services that are not available within the Canadian Agricultural Policy Framework (CAPF).

Initials: ____

4. SIGNATURE

I have signed in _____, this _____ day of the month of _____ of the year _____.

(Name of Farming Operation Guarantor)