## 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:
00	SELL  accompanied by a letter of consenerest in the quota being offered for	t from each lender or other secured or sale.
I/WE OFFER TO SELL	KGS OF DAILY QUOTA	@ \$PER KILOGRAM.
DATE	SIGNATURE	
	<u>BUY</u>	
All offers to purchase mus	st be accompanied by a letter fron	n a financial institution or lender
I/WE OFFER TO BUY	KGS OF DAILY QUOTA	@ \$PER KILOGRAM.
DATE	SIGNATURE	
ACKNOWLEDGEMEN Signatories acknowledge accordance with SaskMil	that transactions, adjustments,	and results are administered in

## **DEADLINE DATE**

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

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