

SASKMILK DESIGNATED REPRESENTATIVE FORM

470 Maxwell Crescent, Regina, SK S4N 6L7

Fax: (306) 949-2605

SaskMilk requires a record of signing authorities/designated representatives for each licensed producer. Please fill in this form and return by fax or mail to the SaskMilk office as soon as possible.

Legal name of licensed producer: _____

Producer ID #: _____

Name of signing authority for all milk-related **financial** matters (ie: levy, quota buying/selling, transfer credits and other financial issues and programs, etc.):

#1 (Required)	#2 (Optional)
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Position: _____	Position: _____

Name of signing authority for **production facility** (ie: licences, milk quality, CQM, etc.):

#1 (Required)	#2 (Optional)
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Position: _____	Position: _____

Name of signing authority for **governance**-related issues (ie: producer meeting attendance, voting, nominations, etc.):

#1 (Required)	#2 (Optional)
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Position: _____	Position: _____

Name of person(s) authorized to receive information related to the licensed production unit (not a signing authority):

#1 (Optional)	#2 (Optional)
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Position: _____	Position: _____
Email: _____	Email: _____

If you have any specific requests such as witnessing documents for transfer credits or quota transactions please indicate on this form. If you have any questions, please call (306) 949-6999.

If any of the above authorities change you are responsible for notifying the Board office as soon as possible.