

**SASKATCHEWAN MILK MARKETING BOARD**

470 Maxwell Crescent, Regina, SK S4N 6L7

Telephone: (306) 949-6999 Fax: (306) 949-2605

**APPLICATION FOR PRIVATE CREDIT TRANSFER**

**Part 1: TRANSFER *IN* TRANSFER CREDITS (overshipping)**

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer in \_\_\_\_\_ kilograms of NEGATIVE CREDITS *from* the producer listed in Part 2.

Enterprise Name: \_\_\_\_\_ Producer I.D. # \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Requested effective date of transfer: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Print name of witness:

**Part 2: TRANSFER *OUT* TRANSFER CREDITS (undershipping)**

I/we hereby make application to the Saskatchewan Milk Marketing Board to transfer out \_\_\_\_\_ kilograms of NEGATIVE CREDITS *to* the producer listed in Part 1.

Enterprise Name: \_\_\_\_\_ Producer I.D. # \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Requested effective date of transfer: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Print name of witness:

**ACKNOWLEDGEMENT**

Signatories acknowledge that transactions are administered in accordance with SaskMilk rules and policies. Signatories understand that their daily quota will remain constant after the transfer is completed.

**DEADLINE**

All applications to transfer credits must be received at the Board office by midnight of the twentieth (20th) day of the month in order to become effective on the first day of that same month (if approved).

**REMINDER**

Canada Revenue Agency requires GST to be charged on transfer credit transactions; this is the responsibility of the signatories.

Approved by: \_\_\_\_\_

Effective Date: \_\_\_\_\_