## 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. While having a second signing authority is optional in all areas, please be aware that if there is only one authorized signatory and that person is unavailable to sign, we will not be able to process the transaction or documents until the authorized signatory of record is able to sign.

Producer ID #:  Name of signing authority for all milk-related <b>financial</b> matters (ie: levy, quota buying/selling, transfer credits and other financial issues and programs, etc.):			
		#1 (Required) Print name:	#2 (Optional) Print name:
		Signature:	Signature:
Position:	Position:		
Name of signing authority for <b>production</b>	n facility (ie: licences, milk quality, CQM, etc.):		
#1 (Required) Print name:	#2 (Optional) Print name:		
Signature:	Signature:		
Position:	Position:		
Name of signing authority for <b>governance</b> nominations, etc.):	e-related issues (ie: producer meeting attendance, voting,		
#1 (Required)	#2 (Optional)		
Print name:	Print name:		
Signature:	Signature:		
Position:	Position:		
Name of person(s) authorized to receive i authority):	nformation related to the licensed production unit (not a signing		
#1 (Optional) Print name:	#2 (Optional) 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.