

Section D: For partnerships only (as named in Section A)

Partner name and address (individual or corporation)	Ownership % (must total 100%)	Social insurance number (SIN) (for individuals) Business number (BN) (for corporations)	Agricorp ID (if they have one)
Name of partner	%		A
Business mailing address of partner (if different from address in Section A – include civic number and road name, city/town, province and postal code)			
Name of partner	%		A
Business mailing address of partner (if different from address in Section A – include civic number and road name, city/town, province and postal code)			
Name of partner	%		A
Business mailing address of partner (if different from address in Section A – include civic number and road name, city/town, province and postal code)			

Attach additional pages as required.

Section E: Signing authority

Please list up to two signing authorities for your business. Signing authorities can conduct all transactions related to your business, including signing cheques, enrolling in a program and renewing, changing or cancelling your coverage.

Agricorp does not assume that all partners or shareholders are signing authorities.

If you or any of your signing authorities want to be invited to use online services, you must provide email addresses. Email addresses are not shared or used for marketing purposes.

First name	Last name
Telephone number	Ext.
Email address (required for online services)	
First name	Last name
Telephone number	Ext.
Email address (required for online services)	

Section F: Beekeeping activity and overwinter proof of loss

Beekeeper Identification Number	Are you new to beekeeping in 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did you get your Beekeeper Identification Number? 2014 / MM / DD
Number of bee yards registered for 2014	Number of hives registered for 2014	Do you plan to continue keeping bees in 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of hives to be taken outside Ontario		
Number of hives lost during the overwinter period (January 1, 2014 to March 31, 2014)		Number of hives lost to wildlife, vandalism, intentional death or negligence (not covered)

Section G: Agreement and signature

I understand and agree to:

- Provide accurate, timely and full information to Agricorp, including supporting documentation, and notify Agricorp in the event that there are any changes to any information I have provided.
- Retain records related to this Program for at least seven years.
- Follow proper beekeeping practices in relation to my bees.
- Comply with all Requirements of Law, as defined in the Guidelines, while I am enrolled in the Program.
- Provide reasonable assistance during any inspection conducted under the Program, which includes allowing access to any person, place or thing required for the inspection; provide reasonable assistance to any auditor conducting audits under the Program, which includes allowing access to any person, place or thing required for the audit within 10 Business Days (as defined in the Guidelines) of the request being made of me unless more time is given in the request; and provide all necessary information required to verify and administer the Program within 10 Business Days of the request being made of me unless more time is given in the request.

I certify that:

- All information submitted on this application is accurate and true.
- I have signing authority for this business and therefore can bind the business to follow the terms and conditions of the Program.
- I followed proper beekeeping practices in relation to my bees.
- The beehive losses I am claiming for this Program **were not** caused by wildlife damage, vandalism, intentional death or negligence.
- I have read and understand the Guidelines, which set out the terms and conditions for the Program.

I consent to:

- The collection, use and disclosure of information required for the purpose of administering, verifying and auditing the Program and for verifying eligibility to a Payment, as defined in the Guidelines.
- The sharing between Agricorp, the Ontario Ministry of Agriculture and Food (OMAF), and any other government department or ministry of information collected under the Program or under other programs administered by Agricorp or by OMAF, for the purposes of administering and auditing the Program as well as other programs administered by Agricorp or by OMAF, or for developing other programs and agricultural policies. This includes, but is not limited to, the sharing of information collected under the *Bees Act* (Ontario).
- On-site audits, inspections and/or verifications between the hours of sunrise and sunset to verify Program eligibility and to evaluate compliance with the requirements of the Program.

I acknowledge that:

- If I receive funds under the Program due to: (1) an overpayment; (2) a contravention of the Program requirements; or (3) a contravention of any applicable laws, I must return all or part of the funds received, as determined by Agricorp, upon Agricorp's demand.
- Any funds payable to me under the Program may be used to recover my pre-existing debts to the Crown in right of Ontario and Canada.

By signing below, I agree to be bound by the terms and conditions of the Program as more fully set out in the Guidelines and the Order-in-Council 735/2014.

Print name

Signature
X

Date

YYYY/MM/DD

Section H: Submit completed form

Mail or fax

Agricorp
1 Stone Road West
Box 3660 Stn. Central
Guelph, ON N1H 8M4
Fax: 519-826-4118

Questions?

1-888-247-4999
Mon. to Fri., 7 to 5
agricorp.com
contact@agricorp.com
TTY: 1-877-275-1380

Notice of Collection of Personal Information: Agricorp may collect the Social Insurance Number of a recipient where that individual applies for and receives a payment under the program as a sole proprietor, partner or as an unincorporated entity in order to meet any requirements under the *Income Tax Act*, and where necessary for the purposes of auditing and/or collecting overpayments under the Program. Questions about the collection of the SIN can be directed to Agricorp's FOI-Privacy Advisor, Agricorp, Box 3660, Stn. Central, Guelph, ON N1H 8M4, 1-888-247-4999.

Errors and omissions excepted

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