

Client No.

For Office Use Only

File No:

For Office Use Only



**LIVESTOCK
IDENTIFICATION
SERVICES LTD.**

Livestock Identification and Commerce Act

ADDITIONAL BRAND APPLICANT FORM

A-3 Version 2009-11-15

INDIVIDUAL APPLICANTS
(where more than one individual applicant)

Contact information and signatures for Individual applicants named on page 1 of the Application form

	Individual Brand Applicant # 2	Individual Brand Applicant # 3
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		
Signature		

	Individual Brand Applicant # 4
Name	
Address	
MD/Town/City	
Province	
Postal Code	
Phone Number	
Fax Number	
E-mail Address	
Signature	

Individual brand applicants in addition to the four named on page 1 of the Application form

Over 18 years old*

Applicant 5: _____
Last Name First Name Middle Name

Yes No

Applicant 6: _____
Last Name First Name Middle Name

Yes No

Contact information and signatures for additional individual applicants named above

	Individual Brand Applicant # 5	Individual Brand Applicant # 6
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		
Signature		

PARTNERSHIP APPLICANT

Contact information and signatures for partners 2 and 3 of Partnership applicant named on page 1 of the Brand Application form

	Partner # 2	Partner # 3
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		
Signature		

Names and contact information of the additional partners of Partnership Applicant named on page 1 of the Brand Application Form in addition to the three partners named

	Partner Brand Applicant # 4	Partner Brand Applicant # 5
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		
Signature		

ADDITIONAL CORPORATE APPLICANT
(in addition to corporation named on page 1 of the Application Form)

Company Name _____

Corporate Access Number _____ on top R corner of Certificate of Incorporation

Trade name, if any: _____

Contact information.

Mailing Address _____

Town/City, Prov _____ Postal _____

Telephone _____ Cell _____

Fax _____ E-mail _____

The following individuals are authorized to sign on behalf of the **corporation** for the purposes of registering and transferring the brand:

	Officer # 1	Officer # 2
Position		
Name		
Phone Number		
Fax Number		
E-mail Address		
Signature		

	Officer # 3	Officer # 4
Position		
Name		
Phone Number		
Fax Number		
E-mail Address		
Signature		

ADDITIONAL PARTNER APPLICANT

(in addition to Partnership named on page 1 of the Application Form)

Partnership Name _____

Contact information.

Mailing Address _____

Town/City, Prov _____ Postal _____

Telephone _____ Cell _____

Fax _____ E-mail _____

The following individuals are all of the partners of the above Partnership:

	Partner # 1	Partner # 2
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		
Signature		

	Partner # 3	Partner # 4
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		
Signature		