

Client No.

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LIVESTOCK  
IDENTIFICATION  
SERVICES LTD.

Livestock Identification and Commerce Act

**ADDITIONAL BRAND  
TRANSFEROR(S) / TRANSFEREE(S)**

T-2 Version 2009-11-15

**ADDITIONAL INDIVIDUAL TRANSFEROR(S)**

**Part A2 – ADDITIONAL INDIVIDUAL TRANSFEROR(S)**

**Over 18 years old\***

Transferor 5 \_\_\_\_\_  Yes  No  
Last Name First Name Middle Name

Transferor 6 \_\_\_\_\_  Yes  No  
Last Name First Name Middle Name

**Part C – ADDITIONAL INDIVIDUAL TRANSFEROR(S) – Signature and contact information of each transferor**

The undersigned hereby declare that all of the information on the *Transfer of Brand by Owner* pertaining to the transferor(s) is/are true and correct.

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

### ADDITIONAL CORPORATE TRANSFEROR

<b>Part A2 – ADDITIONAL CORPORATE TRANSFEROR</b>
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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 \_\_\_\_\_

<b>Part C – ADDITIONAL CORPORATE TRANSFEROR – Signature and contact information</b>
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The undersigned hereby declares that all of the information on the *Transfer by Owner* pertaining to the Transferor(s) is true and correct and the undersigned has authority to complete this transfer on behalf of the corporation.

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**ADDITIONAL PARTNERS OF PARTNERSHIP TRANSFEROR**

**Part A2 – ADDITIONAL PARTNERSHIP TRANSFEROR**

Partnership Name \_\_\_\_\_

**Contact information.**

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Part C – PARTNERSHIP TRANSFEROR – Signature and contact information of each partner**

The undersigned hereby declare that all of the information on the *Transfer by Owner* pertaining to the transferor(s) is/are true and correct.

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

### ADDITIONAL INDIVIDUAL TRANSFEREES

**Part B2 – ADDITIONAL INDIVIDUAL TRANSFEREE(S)**

Transferee 5	_____	_____	_____	<b>Over 18 years old*</b>
	Last Name	First Name	Middle Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transferee 6	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Name	First Name	Middle Name	

**Part D – ADDITIONAL INDIVIDUAL TRANSFEREE(S) – Signature and contact information of each transferee**

The undersigned hereby declare that all of the information on the *Transfer by Owner* pertaining to the transferee(s) is/are true and correct.

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**ADDITIONAL CORPORATE TRANSFEREE**

**Part B2 – ADDITIONAL CORPORATE TRANSFEROR(S)**

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 \_\_\_\_\_

**Part D - CORPORATE TRANSFEREE – Signature and contact information**

The undersigned hereby declares that all of the information on the *Transfer by Owner* pertaining to the Transferee is true and correct and the undersigned has authority to complete this transfer on behalf of the corporation.

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**ADDITIONAL PARTNERS OF PARTNERSHIP TRANSFEREE**

**Part B2 – ADDITIONAL PARTNERSHIP TRANSFEREE(S)**

Partnership Name \_\_\_\_\_

**Contact information.**

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Part D – PARTNERSHIP TRANSFEREE – Signature and contact information of each partner**

The undersigned hereby declare that all of the information on the *Transfer by Owner* pertaining to the transferor(s) is/are true and correct.

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City, Prov \_\_\_\_\_ Postal \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**CERTIFICATE OF VERIFICATION OF IDENTITY OF TRANSFEROR**

I, \_\_\_\_\_ of the Town/City of \_\_\_\_\_  
in the Province/State of \_\_\_\_\_, HEREBY CERTIFY THAT:

1. I met \_\_\_\_\_ on \_\_\_\_\_, 20\_\_ and  
verified his/her identity by examining his/her \_\_\_\_\_ (identity document)  
issued by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_  
as number \_\_\_\_\_.
2. The photograph on the identity document was a true likeness of the person named in paragraph 1 and confirmed that he/she is at least 18 years of age.

SIGNED by me at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
A Commission for Oaths in and for the Province of Alberta  
or a Notary Public in and for the Prov/State of \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print name

\_\_\_\_\_  
City/Town – Prov/State – Postal/Zip Code

\_\_\_\_\_  
Date appointment expires

\_\_\_\_\_  
Phone

**CERTIFICATE OF VERIFICATION OF IDENTITY OF TRANSFEROR**

I, \_\_\_\_\_ of the Town/City of \_\_\_\_\_  
in the Province/State of \_\_\_\_\_, HEREBY CERTIFY THAT:

1. I met \_\_\_\_\_ on \_\_\_\_\_, 20\_\_ and  
verified his/her identity by examining his/her \_\_\_\_\_ (identity document)  
issued by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_  
as number \_\_\_\_\_.
2. The photograph on the identity document was a true likeness of the person named in paragraph 1 and confirmed that he/she is at least 18 years of age.

SIGNED by me at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
A Commission for Oaths in and for the Province of Alberta  
or a Notary Public in and for the Prov/State of \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print name

\_\_\_\_\_  
City/Town – Prov/State – Postal/Zip Code

\_\_\_\_\_  
Date appointment expires

\_\_\_\_\_  
Phone

## **INFORMATION AND INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF VERIFICATION OF IDENTITY**

### **Information**

The person registered with the Brand Registry as the owner of the brand has the exclusive right to use the brand for the purposes of denoting ownership of the livestock or a livestock security interest in the livestock, as the case may be, until the registration of the brand is cancelled or transferred.

Identification is required to ensure that documentation affecting the rights of a registered brand owner is completed by the proper person to protect the registered brand owner.

Livestock Identification Services Ltd. (LIS) is subject to the *Freedom of Information and Protection of Privacy Act* and the collection, use, disclosure, retention and destruction of personal information by LIS are done in compliance with this Act.

### **Acceptable identity documents**

Acceptable personal identification documents must

- include a photograph
- be government issued
- be original, not a copy of the document
- indicate a unique identifier
- be valid (current) – not expired.

Acceptable forms of personal identification documents include

- a driver's license
- an identification card
- passport
- citizenship card
- Permanent Resident card
- Certificate of Indian Status card

Note: If a brand owner does not have one of the listed identity documents please contact LIS and an alternate form will be provided.

### **Instructions to Commissioner for Oaths or Notary Public**

To complete the Certificate of Verification of Identity do the following:

- Print your full name, town or city and province or state in the initial paragraph.
- Print the name of the person in paragraph 1 and the date the person appeared before you to complete this form.
- Request the original identity document from the person and compare the information on the identity document to the information on the form and to the person appearing before you.
- If the information and photograph match the information on the form and the person appearing before you, complete paragraph 2 by printing the name of the government entity that issued the identity document, the date the identity document was issued, the number of the identity document, the date it expires and the name of the person appearing before you.
- Print the day, month and year the Certificate is signed.
- Sign your name on the line provided and strike out which of the two capacities does not apply to you.
- Print your name on the line provided
- Print your phone number and full address on the lines provided.