

B.C. Milk Marketing Board

#200 - 32160 South Fraser Way, Abbotsford, British Columbia V2T 1W5

Tel/Fax: (604) 854.4471 or Email: kwallis@bcmilk.com

CONTINUOUS DAILY QUOTA (NAME CHANGE) TRANSFER APPLICATION

SECTION 1 This section must be completed by the producer (TRANSFEROR) intending to transfer quota to the person identified in Section 2 of this application. (Please note: Only a person or persons with the authority to commit to the transfer of the quota to the transferee may sign this application.)

Farm Name:	<input type="text"/>	Irma #	<input type="text"/>
Personal Name:	<input type="text"/>	Telephone:	<input type="text"/>
Postal Address:	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	Cell:	<input type="text"/>

I/We hereby apply to transfer the quota described below to the person (Transferee) identified in Section 2 of this application.

Effective date of transfer: The first day of _____ 20

I/We hereby apply to transfer the amount of quota shown below:

Provincial/Federal Continuous Daily Quota _____ Kilograms/Day

Declaration of the Transferor:

I/We hereby agree to surrender the quota shown above to the person (transferee) identified in Section 2 of this application on the effective date shown above. I/We certify that I/we have read and understand the provisions of the BCMMB Consolidated Order, as amended, and I/We hereby undertake and agree to comply therewith.

(Authorized) Signature of Transferor

Signature of Witness

Date

Please Print Name: _____

Please Print Name: _____

SECTION 2

This section must be completed by the person/s intending to receive quota (TRANSFEE) by transfer from the transferor identified in Section 1 of this application. (Please note: Only a person or persons with the authority to commit to the transfer of quota from the transferor may sign this application.)

Farm Name:	<input type="text"/>	Irma #:	<input type="text"/>
Personal Name:	<input type="text"/>	Telephone:	<input type="text"/>
Postal Address:	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	Cell:	<input type="text"/>
		Email:	_____

Declaration of the Transferee:

I/We hereby apply to transfer the quota described above from the name of the transferor identified in Section 1 of this application to my/our name.

I am/We are a new producer and hereby apply for the necessary licences. License fee of \$_____ is enclosed.

I am/We are already licensed by the BCMMB, this quota will add to my/our present quota. Yes or No

I/We understand that approval of this quota transfer application by the BCMMB is subject to the prior certification of my/our farm premises by the BC Ministry of Agriculture and Lands, Livestock, Health Management & Regulatory Unit.

I/We hereby certify that I/we have read and understand the provisions of the BCMMB Consolidated Order, as amended, and hereby undertake and agree to comply therewith.

(Authorized) Signature of Transferee

Signature of Witness

Date

Please Print Name: _____

Please Print Name: _____

We, the undersigned, hereby state that the transferee is an Exempt Person as defined by the BCMMB Consolidated Order. The relationship of the two parties is _____. On this basis we hereby request exemption from the BCMMB quota assessment policy.

(Authorized) Signature of Transferor

(Authorized) Signature of Transferee

SECTION 3

This section to be completed by the BCMAL Health Management & Regulatory Unit.

I have inspected the farm premises of the transferee identified on this application and I certify that the premises and equipment meet the requirements set out in the Regulations under the Milk Industry Act.

Signature: BCMAL Health Management & Regulatory Unit

Date

ALL PARTIES TO THIS APPLICATION MUST READ THE REVERSE SIDE.

THE DOCUMENTS required to complete a **NAME CHANGE** transfer to a **Limited Company** name, are:

A Copy of the updated **CENTRAL SECURITIES REGISTER**, and

A Copy of the updated **REGISTER OF DIRECTORS**, and

A Copy of the **CERTIFICATE OF INCORPORATION** (if not currently on file at the BCMMB office)

THE DOCUMENTS required to complete a **NAME CHANGE OF PRESIDENT** transfer, are:

A Copy of the updated **CENTRAL SECURITIES REGISTER**, and

A Copy of the updated **REGISTER OF DIRECTORS**, and

THE DOCUMENTS required to complete a **NAME CHANGE** to a **Partnership**, are:

A Copy of the **PARTNERSHIP AGREEMENT**

In the case of a death in the family, THE DOCUMENTS required to transfer the TPQ to an **Immediate Family Member**, are:

A Copy of the **DEATH CERTIFICATE**

A Copy of the **LETTERS PROBATE**

A Copy of the **LAST WILL AND TESTAMENT**

**** The signatory for the Transferor would be the Executor or Executrix of the Estate**