CropInsurance

Authorization for the Release of Information

Saskatchewan Crop Insurance Contract #: _____

THE UNDERSIGNED, (in addition to any rights, obligations, consents or authorizations contained within the statutory contract of crop insurance attached as Appendix "A: to The Crop Insurance Regulations as amended from time to time), by executing this Authorization hereby consents to and authorizes Crop Insurance, its successors or assigns to:

* Obtain, gather, update and collate any information respecting the agricultural operations of the undersigned and:

* Release or disclose any information within its possession, power or control pertaining to Crop Insurance contract number listed above including, but not limited to, any and all information Crop Insurance may have with respect to the agriculture operations of the undersigned to.

_____

(Place name of individual, organization or institution to which information may be disclosed)

THE UNDERSIGNED expressly acknowledges and agrees that this authorization is:
* for crop year _____.
* Specific information _____.
* Continuous and will remain in effect until expressly cancelled in writing by the undersigned.
* Expiry Date of _____ unless otherwise revoked by the undersigned.

IF CONTRACT HOLDER IS AN INDIVIDUAL:

Signature of Contract Holder

_____
Print Name

_____
Signature Date

_____
Position

_____ _____
Home Phone Business Phone

_____ _____
Fax Number Cell Number

_____
Relationship

_____ _____
Social Insurance Number (Optional) Single Business Registration Number (Optional)

WITNESS:

No relation to Contract Holder

_____ _____ _____
Print Name Signature Date

(Section II of the FARM INCOME PROTECTION ACT and Section 241(4) of the INCOME TAX ACT, as amended from time to time authorizes Canada Revenue Agency to provide information to, and collect information from, Saskatchewan Crop Insurance Corporation for the purpose administering all programs authorized by the FARM INCOME PROTECTION ACT, notwithstanding the authorization included herein.)