
# CONSENT

I the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(Enter the name of the person authorizing the disclosure of information)*

on my own behalf or as the duly authorized respondent for the below-mentioned farm business, authorize La Financière agricole du Québec to communicate to:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Enter the name of the person to whom the FADQ may communicate information)*

the information specified below.

**identification of the nature of the information**

*(Please specify in detail the information that you authorize to be disclosed, in particular the program and year in question)*

Ex 1: Areas, insured units under ASREC, farm plan and crop insurance certificates for the insurance years from 2010 to 2020.

Ex 2: All documents associated with my application for a start-up grant.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**duration of consent** *(Must be adapted to each situation)*

Ex 1: This consent is only valid for the purpose for which the information requested is required by the person identified to receive the information and for the duration necessary for the purpose specified, or until the 2020 insurance year inclusively.

Ex 2: This consent is only valid for the communication of the above-mentioned information.

|  |
| --- |
|  |
|  |

**client identification**

Client name or business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**signature of the consent by the authorized person**

Name of the signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block letters)

 Signature of the authorized person Date