

INDIVIDUAL REGISTRATION FORM

Réservé FADQ	
N° client du groupe	N° client de l'individu

1. Personal information

Name, Given name			Date of birth (yy-mm-dd) Phone No. (Residence)
Address of residence (no	o, street or rang)		Owner Renter Other :	Phone No. (Cell)
Municipality		Postal code	Social insurance numbe	er E-mail
Former address, if less th	han a year at current address	(no, street or rang)	Municipality	Postal code
Number of dependent children	Spouse's name			Spouse's annual gross income (\$)
Are you a guarantor? No Yes	Amount (\$)	Remaining term years	Have you ev bankru D No	
Have legal proceedings	ever been brought against yo	u? Date	Amount (\$)	Reason
🗆 No 🛛	Yes, as the plaintiff			
	Yes, as the defendant			
Have you been convicted	d of a crime in the past seven	years? 🗆 No 🗆] Yes	
2 - Ownership interes	t in one or more operation	ons		

2 - Ownership interest in one or more operations

(If you hold shares, stocks, etc., in other farming operations) Name of operation	Do you work mainly for this operation?
	└─ No └─ Yes

3 - Personal assets (not including the farm or forestry operation's assets)

Category	Description	Complete if there is a co- ownership (%) *	Value held in % (\$)
Cash in hand and in bank			
Investments (RRSP and pension fund)			
Other investments			
Automotive vehicles (mark, model, year)			
Residence (Address)			
Other assets			
* Enter the co-owner's nan	ne:	Total	

4- Personal debts (not including the farm or forestry operation's debts)

Name of creditor	Debt's starting date	Cause of debt (Credit line, promissory note, credit card, term loan, etc.)	Authorized amount or credit limit	Amount now owed * (\$)	Yearly payments * (principal and interest) (\$)

* For co-owned property, enter only the part you assume

5- Other obligations (rent, lease contract, property taxes, support payment, electricity, etc.)

Description of the obligation			Yearly payments	(\$)

6 - Education (university, college, secondary)

Fro		eriod T	ō	Institution		Degree (ex.: B.A.) or level completed	Program	Number of
Year	Mont h	Year	Month		institution	or level completed	riogram	credits

7. Work experience (beginning with the most recent)

Current job

From Year Mont	Number of hours per week		Name of emplo	yer	Phone No	
h	Year Mor	,				
Status : 🛛 S	tudent job	Permanent	⊠ Seaso	nal 🗌 Self-employed 🛛] Temporary	
Salary per year Gross :	(\$) Wi	ll you keep this jo	ob?	Job or title	Contact person	Title
		🗆 no 🛛 yes				
Main duties						

Farming or forestry experience

	Pei	riod		Number of	Solony (\$)	Salary (\$) Name of employer		
Fr	om	Т	o					Phone No
Year	Month	Year	Month	week	per year			
Main du	ution							
Main uu	lies							
Period		iod		Number of	Solony (ft)			
Fr	om	Т	o	hours per	Salary (\$)			Phone No
Year	Month	Year	Month	week	per year			
Main du	tion							
Main du	uties							

Other expérience

Fre	Period From		0	Number of hours per	Salary (\$)	Name of employer	Phone No
Year	Month	Year	Month	week	per year	per year	
Main du	ties						

8- Other sources of income

Source	Gross annual income (\$)

9- Comments

If you are establishing yourself in farming, explain how your training and experience have prepared you for this

10- Declaration

- I authorize the financial institution, any department or agency or any individual to provide to La Financière agricole du Québec the documents and information deemed necessary to study and administer my file.
- I declare that all the information (financial or other) provided in this application is accurate and complete.

Signature of client or authorized agent

Date

All personal information gathered by La Financière agricole will be treated confidentially and will be communicated only to authorized individuals and agencies in accordance with the terms and conditions stipulated in the Act respecting access to documents held by public bodies and protection of personal information.

EXPLANATORY NOTES

This guide contains additional information to help you complete the form. Any individual or member of a group who submits an application to La Financière agricole du Québec must complete an individual registration form, unless La Financière agricole du Québec representative indicates otherwise.

When completing the form by hand, please print and use black ink.

The form must be completed in full..

1- Personal information
If legal proceedings have been brought against you::
Enter the date the legal proceedings started, the amount in question and the reason for the lawsuit.
2- Ownership interest in one or more farming operations
Il you hold shares, stock or interest in farming operations other than the one involved in this application:
Enter their exact legal names.
3- Personal assets (not including the farm or forestry operation's assets)
Enter the value of personal assets and describe them briefly
Other investments: Enter the value of accurities held, such as term deposite, shares hands at a
Enter the value of securities held, such as term deposits, shares, bonds, etc. Automotive vehicles:
 Enter the value of such assets as trucks, automobiles, all-terrain vehicles, etc.
Other assets: :
Enter the value of shares, property held such as rental property, businesses, cottages, land, etc
4- Personal debts
Enter the debts you hold in your own name.
5- Other obligations
Enter all the other obligations you hold in your own name.
6- Education
If you have a degree::
Leave "Number of credits" blank
7- Work experience
If you have farming or forestry experience: Type of operation:
Enter the operation's main production(s).
8- Other sources of income
If you have income from other sources (investments, annuities, support, etc.): Enter the source and the amount
9- Comments
If you wish to establish yourself in farming: Enter any other information not given in sections 6 and 7 that could contribute to the success of your farming endeavour.
10- Declaration Any operation that obtains financial assistance to which it is not entitled or that uses the proceeds of such assistance for purposes other than those for which it was granted shall forfeit the assistance by operation of law and shall remit the sums received, unless the agency decides otherwise.