

**FINANCING PROGRAM / SUSTAINABLE GROWTH INVESTMENT PROGRAM**  
**Application Form**

N° client (Reserved FADQ)	Ministry identification No. (NIM)	Québec Entreprise No. (NEQ)
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**1. Company Information**

Name or business name			Phone No. (home)
Operation's address (No. Street or rang)	Municipality	Postal code	Phone No. (cell)
Mailing address (No. street or rang), if different of above	Municipality	Postal code	Fax No.
E-mail		Forest Producer No., if applicable	
<input type="checkbox"/> I wish to subscribe to the <a href="#">online file</a> <input type="checkbox"/> with the <a href="#">Zero paper</a> option			

**2. Financing source**

<input type="checkbox"/> <b>Financial institution</b>	
Name of the financial institution	Name of the account manager
E-mail	Phone No.
<input type="checkbox"/> <b>Seller-lender</b>	
Name of the seller-lender	Phone No.

**3. Notary**

Name of the company, if different from the name of the notary	Name of the notary	Phone No.
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**4. Special program**

<b>Sustainable Growth Investment Program (SGIP)</b>
<input type="checkbox"/> I am also submitting an application to <a href="#">Sustainable Growth Investment Program</a> (SGIP).
<input type="checkbox"/> I confirm that the project covered by this application has not begun. Planned start date: __/__/__

**5. Financing application « Projet and need » and other sources of financing**

Nature and description	Cost or estimate (\$)	Loan requested (\$)
<b>TOTAL</b>		

  

Other sources of financing (down payment, grants, sales of assets, others)	Amount (\$)
<b>TOTAL</b>	

**6. Financial product and amount requested**

Product	Amount requested (\$)	Product	Amount requested (\$)
<input type="checkbox"/> Agricultural loan		<input type="checkbox"/> Credit line for investment (CLI)	
<input type="checkbox"/> Forest loan		<input type="checkbox"/> Line of credit	

## 7. Insurance and income protection

I would like an insurance advisor from the La Financière agricole to contact me  yes  no

## 8. Representative's consent (check, sign, and date)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | I authorize La Financière agricole du Québec, hereinafter la "FADQ", to provide the documents and information deemed necessary to the financial institution and notary identified in points 2 and 3 of this form concerning the processing of my application to the Farm Financing Program, the Regulation respecting the Forest Management Funding Program, and, if applicable, the Sustainable Growth Investment Program, hereinafter "SGIP" and thereafter, if applicable, throughout the term of the loan(s) made pursuant to this application, for the purpose of servicing the loan. |
| <input type="checkbox"/> | <input type="checkbox"/> | I authorize any financial institution, any ministry or public body, including boards administering joint plans, any individual or group to provide the FADQ with the documents and information deemed necessary concerning my application to the Farm Financing Program, Regulation respecting the Forest Management Funding Program, and, if applicable, to the SCIP and thereafter, if applicable, throughout the term of the loan(s) made pursuant to this application, for the purpose of servicing the loan.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If I apply for a forest management loan, I also authorize the FADQ to provide the Ministère des Forêts, de la Faune et des Parcs and the Agence régionale de mise en valeur des forêts privées with the documents and information deemed necessary concerning my application to the Regulation respecting the Forest Management Funding Program and thereafter, if applicable, throughout the term of the loan(s) made pursuant to this application, for the purpose of servicing the loan.  |

These consents are valid for the duration of the processing of my application to the Farm Financing Program, Regulation respecting the Forest Management Funding Program and will terminate upon receipt of my funding and, if applicable, after payment of the total amount of assistance granted under the SCIP and thereafter, if applicable, throughout the term of the loan(s) made pursuant to this application, including any transfer of my loan(s) made following this application to the Special Accounts Branch and terminate upon full repayment of the loan(s) made following this application.

Name of representative in block letters <sup>1</sup>

Representative's signature

Dated

## 9. Representative's declaration and undertaking (sign and date)

- I am making this application under la FADQ programs and agree to provide the information and documents required by la FADQ.
- I agree to transmit annually, electronically, using the secured Web application available on the website of la FADQ, the financial data including the financial statements on an exercise basis of my business, within a period not exceeding nine months from the date at the end of the financial year.
- I declare that all the information, of financial nature or otherwise, that was provided in the framework of this application, is true and complete.
- I understand that any later financing application that could be connected to the mortgage must be authorized through the issue of a loan certificate and studied according to the usual criteria of la FADQ.
- I understand that any amount of government assistance received under another program for the project or the need that led to my request for financing must be declared in section 5 of this form.
- I understand that if I do not give my consent, I will have to provide the necessary information and/or documents requested by the FADQ in order to process my application and subsequently, if applicable, to manage my loan(s) under this application. I also understand that failure to provide such information and/or documents may result in longer processing times, refusal of my application, or a default on the terms of my loan(s).

Name of representative in block letters <sup>1</sup>

Representative's signature

Dated

## 10. Disclosure of Personal Information

Authorized FADQ staff will treat all personal information entrusted to them as confidential. The personal and confidential information collected on this form is essential for the management and administration of the programs in question. Failure to provide such information may result in longer processing times or refusal. In the event that consent to disclose is withdrawn, la FADQ will be unable to disclose or receive any information from the above-mentioned third parties.

This information will be disclosed only to authorized persons, mandatories and public bodies, under the terms of the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information (R.R.S.Q., chapter A-2.1), hereinafter referred to as the "Act Respecting Access. This information may also be used for research, statistical, study, survey, investigation, or audit purposes, all within the provisions of the Act Respecting Access.

You may also exercise your rights of access and rectification under the Act Respecting Access, by contacting la FADQ.

For more information, please read the Politique sur la protection des renseignements personnels at [www.fadq.qc.ca/documents/politiques-et-directives](http://www.fadq.qc.ca/documents/politiques-et-directives). This form is available on our website at [www.fadq.qc.ca](http://www.fadq.qc.ca)

<sup>1</sup> When a company wishes to give consent to a designated person, the signature of an authorized person is required. With respect to a corporation, this person is an officer (president, vice-president, secretary, or treasurer). As for a partnership or a general partnership, which do not have a board of directors, the company must designate one of the partners. Finally, in the case of a limited partnership, it is the partnership acting through its general partner.