

## DESIGNATION OF THE PERSON IN CHARGE OF ACCESS MANAGEMENT

**Section A –** Registration and designation of the person in charge of access management (PCAM)

**Section B** – Change in the designation of the person in charge of access management (PCAM)

Business information			
Name of the business registered at I	FADQ		Client Number.
			NEQ, if any
Business e-mail address:			
			( ) )
Mailing address		Legal form	
Number Street		Sole proprietor	Undeclared partnership
		General partnership	Cooperative
		Corporation	
Municipality		Other (specify):	
Province	Postal code		
· ,	as the case may be, and re		1 3
section A – Registration and nformation on the person ir			nanagement (PCAM)
nformation on the person ir	n charge of access mana		Date of birth (yyyy-mm-dd)
PCAM's first and last name (in bloc	n charge of access mana		
PCAM's first and last name (in blocal Telephone Number (Home) (1999) 999-9999	n charge of access mana	gement (PCAM)  Telephone Number (Cell)	
PCAM's first and last name (in blocal Telephone Number (Home) (1999) 1999-1999	n charge of access mana	gement (PCAM)  Telephone Number (Cell)	
nformation on the person in PCAM's first and last name (in blocated Telephone Number (Home) (1999) 1999-1999	n charge of access mana	gement (PCAM)  Telephone Number (Cell)	
Telephone Number (Home) (999) 999-9999  E-mail address:  Number Street	n charge of access mana	Telephone Number (Cell) (999) 999-9999	
nformation on the person in PCAM's first and last name (in bloce Telephone Number (Home) (999) 999-9999	n charge of access mana	Telephone Number (Cell) (999) 999-9999	
Telephone Number (Home) (999) 999-9999  E-mail address:  Number Street	Postal code	Telephone Number (Cell) (999) 999-9999  Municipality	Date of birth (yyyy-mm-dd)
Telephone Number (Home) (999) 999-9999  E-mail address: Mailing address  Number Street  Province	Postal code	Telephone Number (Cell) (999) 999-9999  Municipality  n in charge of access m	Date of birth (yyyy-mm-dd)
Telephone Number (Home) (1999) 999-9999 E-mail address: Mailing address  Number Street  Province  ection B – Change in the deformation on the currer	Postal code  lesignation of the person the person in charge of	Telephone Number (Cell) (999) 999-9999  Municipality  n in charge of access m	Date of birth (yyyy-mm-dd)
Telephone Number (Home) (999) 999-9999  E-mail address:  Number Street	Postal code  lesignation of the person the person in charge of ck letters)	Telephone Number (Cell) (999) 999-9999  Municipality  n in charge of access m	anagement (PCAM)  Date of birth (yyyy-mm-dd)
Telephone Number (Home) 999) 999-9999  Temail address:  Italing address  Number Street  Province  Province  PCAM's first and last name (in block of the current of the curr	Postal code  lesignation of the person the person in charge of ck letters)	Telephone Number (Cell) (999) 999-9999  Municipality  n in charge of access maccess management	anagement (PCAM)  Date of birth (yyyy-mm-dd)

Information on the new person in charge access management					
PCA	M's first and last name (in block letters)		Date of birth (yyyy-mm-dd)		
Telephone Number (Home) (999) 999-9999		Telephone Number (Cell) (999) 999-9999			
E-n	nail address:				
Ma	iling address				
_	Number Street	Municipality			
	Province Postal code				
Ge	neral information				
1.	This form makes it possible to designate the PCAM or the authorized representative for the business in matter		he PCAM. The PCAM will also be		
2.	The business must understand that, when it names a PCAM, that person represents the business to FADQ for all its online transactions. The PCAM has access to all the personal and confidential information held by the business, whether current, modified or future.				
3.	. If the business is owned by a sole proprietor, that person may act as the PCAM. This form must be provided to La Financière agricole if the sole proprietor acts as the PCAM. To designate a third party, a power of attorney must accompany this form. For an example of a power of attorney, see the Registration section of the on-line file on our website.				
4.	If the business is not owned by a sole proprietor, the PCAM can be one of the shareholders, associates, board directors (chair, vice-chair, secretary, treasurer). In all of the above cases, this form must be provided to La Financière agricole.				
5.	If the business is not owned by a sole proprietor, a third party can be designated to act as the PCAM. This designation must be made by a resolution of the board of directors, the excerpt of which is signed by one of the persons authorized to do so (chair, vice-chair, secretary, treasurer) and by a power of attorney designating the PCAM, signed by this same authorized person or associate and provided to La Financière agricole along with this form. For examples of a resolution and power of attorney, see the Registration section of the on-line file on our website.				
6.	The PCAM's role is to register the business for its on-line file at FADQ, grant partial or full access rights to users whose duties require on-line file access, manage the access rights of these users and withdraw the access rights if need be. The PCAM is also authorized to make further decisions and take action relating to the on-line file of the business. The PCAM must notify users of their commitment not to disclose their user code and password at any time.				
7.	. A user code and temporary password will be sent by e-mail to the PCAM as soon as possible.				
8.	The password is temporary since it must be changed as soon as the on-line file is accessed for the first time.				
Signature of the person in charge of access management					
			Date (yyyy-mm-dd)		
<b>X</b> _					

	Date (yyyy-mm-dd)
x	
Signatory's first and last name (in block letters) :	

**SECTION A**: Once this form is completed and signed by a **third-party** PCAM, it must be returned to <u>your service centre</u>, accompanied by the excerpt of the resolution signed by one of the following persons authorized to do so: the chair, vicechair, treasurer or secretary of the board of directors and by the power of attorney signed by that same person authorized to do so or an associate, as the case may be, required in point 3 or 5 in the section "General Information".

**SECTION B**: Once this form is completed and signed by the **new third-party** PCAM, it must be returned to <u>your service</u> centre, accompanied by the excerpt of the resolution signed by one of the following persons authorized to do so: the chair, vice-chair, treasurer or secretary of the board of directors and by the power of attorney signed by that same person authorized to do so or an associate, as the case may be, required in point 3 or 5 in the section "General Information".

> Telephone: 1 800 749-3646 Fax: 1 866 788-1716 e-mail: service centre

## **Disclosure of Personal Information**

The personal and confidential information collected on this form is essential for registration and/or change of an Access Manager designation Failure to provide such information may result in longer processing times or refusal. 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 <u>Politique-cadre en matière d'accès aux documents et de protection des renseignements personnels.</u>