



Quota Transfer Application for Transferor ("seller")

I (we) _____
 (Farm Name)

Declare that I (we) am (are) the Transferor(s) of Quota in the amount of

Mainstream: _____ (KGS) Specialty: _____ (KGS) Quota
All Figures are Kilograms, live weight.

Are both the Quota and the Farm being transferred to the transferee? Yes ___ No ___

I (we) request that the B.C.C.M.B. cancel the above quota, fixed and allotted to me (us) and fix and allot quota to the Transferee: _____.

(Buyer Farm Name)

I (we) request that the transfer be effective beginning with period A - _____.

Farm Address: _____

Main Contact Name: _____

Mailing Address: _____

City _____ Postal Code _____

Phone: _____ E-mail: _____

Notice

▪ If there is an assignment on the farm, please advise the financial institution/assignee that you are transferring quota. Board staff will contact financial institution and/or assignee to verify notification.

I (we) enclose my (our) cheque, bank draft or money order in the amount of \$262.50.00 (\$250.00, plus GST \$12.50), representing a transfer assessment payable to the Board.

I (we) understand that all Quota Transfers are subject to Part 36 & 37 of the General Orders.

Signature of Owner _____ Date _____

Signature of Owner _____ Date _____

Approved Signature: _____ Date _____



Quota Transfer Application for Transferee ("buyer")

I (we) _____

(Farm Name)

Declare that I (we) am (are) the Transferee(s) of Quota in the amount of

Mainstream: _____(KGS) Specialty: _____(KGS) Quota

All Figures are Kilograms, live weight.

Are both the Quota and the Farm being transferred to the transferee? Yes ___ No ___

I (we) request that the BC Chicken Marketing Board cancel the above quota fixed and allotted to the Transferor: _____

(Seller Farm Name)

And fix and allot quota of an equal amount to me in respect of the following premises:

(Complete farm address)

I shall begin production with respect to the above quota in quota period A - ___

Main Contact Name: _____

Mailing Address: _____

City _____ Postal Code _____

Phone: _____ E-mail: _____

I understand and agree that I must provide enough square footage for each unit of quota fixed and allotted to me and that no quota will be fixed and allotted to me until the floor space has been provided.

I (we) understand that all Quota Transfers are subject to Part 36 & 37 of the General Orders.

Signature of Owner _____ Date _____

Signature of Owner _____ Date _____

Approved Signature: _____ Date _____



New Growers Declaration

<input type="checkbox"/>	Name: _____
Mailing Address: _____	
City _____	Postal Code _____
Phone: () _____	E-mail: _____

Please answer the following questions. If "Yes" to any of the questions (a) to (d) provide details below.

	Yes	No
Are you at least 19 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an interest in other quotas allotted by this Board		
(a) as an allottee in your own name	<input type="checkbox"/>	<input type="checkbox"/>
(b) as a partner in an allottee partnership	<input type="checkbox"/>	<input type="checkbox"/>
(c) as a shareholder in an allottee corporation	<input type="checkbox"/>	<input type="checkbox"/>
(d) as a shareholder in a corporation that is a shareholder or partner in an allottee partnership or corporation	<input type="checkbox"/>	<input type="checkbox"/>

Details: _____

I certify that the information I have provided is accurate and correct, to the best of my knowledge.

Signature: _____ Date: _____