

application and certificate of accreditation

(FORM SB)

Date Of Application:			New □ Renewal □	
Name	of Applicant Bu	usiness:		
Addre	SS:		City:	
Count	y:	Province:	Postal Code:	
Phone	2:	Post Office:	R. R. or Box No.:	
CDB A	Accreditation Co	ode:		
Type OF BuSineSS		☐ Individual ☐ Co-operative Corporation ☐ Other	☐ Partnership☐ Company with Share Capital☐	
Names of Partners or Officers:		Officers:	Title:	
DESCRIPTION AND SCOPE OF ACTIVITIES Business/Organization Signed By:			☐ Agent Title:	
			-	
Signed The pe	d By: erson(s) whose s ess trading in ar d by these rules	☐ Business/Organization signature(s) appear(s) above cert nimals and embryos, that such bu	-	
Signed The personal Busines bound	d By: erson(s) whose sess trading in and by these rules	Business/Organization signature(s) appear(s) above cert nimals and embryos, that such but and that the Applicant has author	Title: ifies (certify) that the Applicant operates a Sales usiness will at all times comply with and be	
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In accordance with these rules and as an integral part of accreditation, include a list of all sub-agents for which the sales business is responsible.					