

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID

Telephone Number:
Home Quarter:

Contact Information	Local Number	Toll-Free Number	Fax Number

- Estate
 Individual
 Joint Venture
 Partnership
 LTD Co.
 Co-op

NAME/DEMOGRAPHIC CHANGES

Name _____

Street / PO Box _____

City _____ Prov. _____ Postal Code _____

Home Phone _____ Alternate Phone & Description _____ Fax _____

Cell Phone _____ Farm Headquarters RM Qtr Sec Twp Rge Mer

Email Address: _____ Do you want to receive email from SCIC? Yes No

- CANCELLATION** This contract is to be cancelled for the _____ crop year.
 Cancelled by Insured (CI)
 Partnership Dissolved (PD)
 Partnership Formed (PF)
 Application Withdrawn (AI)
 Ceased Farming (CF)
 Date _____
 Other
 Account Balance _____

Should insurance be required in the future, it is the customer's responsibility to re-apply by the specific dates.

- TRANSFER OF EARNED CREDITS**
- | | | |
|-----------|-----------------------|----------------------|
| To: _____ | Contract Number _____ | Renewal Attached |
| To: _____ | _____ | Application Attached |
| To: _____ | _____ | Application Attached |

DECLARATION BY CONTRACT HOLDER:

I/We understand that if the request(s) made on this form are accepted by the Saskatchewan Crop Insurance Corporation, the changes will be in effect from the date of approval or crop year cancellation. I/We, hereby agree to adhere to the terms and conditions of the Contract of Insurance.

_____ / _____ / _____

 Day Month Year Customer Signature S.C.I.C. Representative Signature

 Customer Signature

Comments: _____

CSO _____ Approval _____

