



Dairy Farmers of Prince Edward Island Quota Transfer Application Form

1. I (We) the undersigned, hereby apply for a transfer of quota effective _____
2. The Type of transfer requested is from the current quota holder to: (Please check [T] or complete as appropriate)
- an immediate family member carrying on the dairy operation at the same location _____
- an immediate family member not carrying on the dairy operation at the same farm location _____
- a purchaser of the ongoing dairy operation who is not an immediate family member _____
- other (Please Explain) _____
3. Relationship to the purchaser (if an immediate family member) _____
4. The amount of dairy kilograms of quota to be transferred is: _____ all, or _____ Kg

Transfer Information

Transferor (Seller)

Transferee (Purchaser)

Farm Name (If applicable) Registration #

Farm Name (If applicable) Registration #

Name and

Name and

Name

Name

Mailing Address

Mailing Address

Postal Code County

Postal Code County

Signature

Signature

Signature

Signature

Date Signed

Date Signed

For Board Use Only

Letter of Direction on File Yes _____ No _____

If yes, date letter of direction released _____

Documents Provided In Support of Transfer 1. _____

2. _____

3. _____

Accepted (Secretary's Signature)

Rejected (Secretary's Signature)