

Manitoba Beekeepers' Association

2020 Designated Representative Form

1. Business Name of Registered Producer: _____
(Business name used on original Registration form)

2. Name of Registered Producer: _____
(Name of person completing this form)

Business Number: _____ Manitoba Agriculture Registration Number: _____

The Registered Producer of a Partnership, Corporation or Hutterite Colony **must** appoint **one** designated representative to have voting representation in the Manitoba Beekeepers' Association. The designated representative must be at least 18 years of age and a resident of Manitoba.

3. Name of Designated Representative: _____ . Address:
_____. Postal Code:
_____. Email: _____ Phone #: _(204)
_____. FAX: _(204)_____.

4. Confirmation of eligibility of person appointed above as Designated Representative: Designated Representative's Type of Business Entity: (Please check one only)

Sole Proprietor:

Partnership: To be eligible, a designated representative must hold at least 10% of the assets of the partnership and be entitled to 10% of the income of that partnership. Does the person to be designated so qualify? Yes / No

Corporation: To be eligible, a designated representative must hold at least 10% of the voting shares in the corporation. Does the person to be designated so qualify? Yes / No

Hutterite Colony: To be eligible, a designated representative must be a member of the Hutterite Colony. Does the person to be designated so qualify? Yes / No

5. Is the person to be designated, the designated representative of any other registered producer? Yes / No

(If "yes", to be eligible, a request to rescind that designation must accompany this form).

6. Is the person to be designated also a registered producer, as no individual who is a registered producer may be appointed as the designated representative of another registered producer? (If "yes", to be eligible, a request to rescind that registration must accompany this form)

7. I hereby affirm that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____
(Signature of Registered Producer completing this form) (Date form completed)

8. Date Designated Rep. Form received: _____
(This section for MBA office use)