



ACCOUNT MERGE APPLICATION FORM
RETURN by email at info@canadaid.ca or fax to 403-275-1668
 or by mail to 7646 – 8 Street, N.E. Calgary, Alberta T2E 8X4

I, the undersigned, make application to Merge the following Herd of Origin Account in the Canadian Cattle Identification Agency (CCIA) national database. If for any reason these accounts are required to be un-merged in the future, a fee will be charged to the requesting party.

Please provide the following information as it appears on the accounts. If the information you provide is different from the information on the CCIA records, we will send the form back to you to be completed to match our records.

Primary Account	Date _____
Business/Farm Name: _____	Account ID: _____
First Name: _____	Last Name: _____
Address: _____	City: _____ Province: _____
TEL (Home): _____	Postal Code: _____
Email: _____	
Reason for Merge: _____	
_____ Signature of Main Contact	_____ Signature of Partner/Spouse/Other
Notes: _____	

Secondary Account (To be merged and marked duplicate)	Other Secondary Account (To be merged and marked duplicate)
Account ID _____	Account ID _____
Business/Farm Name _____	Business/Farm Name _____
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____	Address _____
City _____	City _____
Prov _____	Prov _____
Postal Code _____	Postal Code _____
Signature of Main Contact _____	Signature of Main Contact _____
Signature of Partner/Spouse/Other _____	Signature of Partner/Spouse/Other _____

Acting Third Party User	(If any Third Party Accounts are authorized on any of the above accounts, please indicate whether that Third Party Account should be authorized and attached to the Primary Account)
Business/Contact Name _____	Account ID: _____
Phone Number _____	To be authorized <input type="checkbox"/> Yes <input type="checkbox"/> No

Internal Use Only	
Agent in Charge _____	Date Received _____
Date sent to CLTS _____	Date Completed _____

By submitting this form, I **certify**, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct. I **consent** to the use and disclosure of the information provided on this form by Canadian Cattle Identification Agency for the purposes indicated on this form; to update my Canadian Livestock Tracking System database account; to contact me to either confirm the information I have provided; for follow up; and/or for regulatory reporting required under Part XV of the *Health of Animals Regulations* (C.R.C., c.296) or reporting to the relevant authorities; where required. I **acknowledge** that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of applicable privacy legislation.