



**Grape Growers**  
of ONTARIO

Grape Growers of Ontario Registration Form

**Office Use Only**

**Grower #** \_\_\_\_\_

**District #** \_\_\_\_\_

**Company Information:**

Company Name:		Production Type: <input type="checkbox"/> Wine <input type="checkbox"/> Juice
Mailing Address:		
City:	Postal Code:	Phone Number:
Fax:	Cell Phone:	Email:

**Vineyard Address:**

Vineyard Address:		
City:	Township:	Lot:
Concession:	Postal Code:	Owned <input type="checkbox"/> Leased

**Primary Contact:**

Name:	Title: (ex. Owner, manager etc)
Phone/Cell:	Email:

**Secondary Contacts:**

Name	Title	Phone	Email

Please complete the entire form and return by mail, fax or email. When this information is received, we will call you with your grower number. You will need this number when you are delivering your grapes to a winery and/or a juice processor.

**GRAPE GROWERS OF ONTARIO**  
P.O. Box 100  
Vineland Station, ON L0R 2E0  
Phone: (905) 688-0990  
Fax: (905) 688-3211  
Email: [info@grapegrowersofontario.com](mailto:info@grapegrowersofontario.com)





# Agricorp

## Block Transfer Form

Transfer Date mm/dd/year
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Adjuster Name/Commodity Administrator Name: \_\_\_\_\_

### Enterprise Information

Transfer Block From		Transfer Block To	
Enterprise Name		Enterprise Name	
DMS #	GGO/OAG/TF #	DMS #	GGO/OAG/TF #
Name: Primary Contact	Phone #: Primary Contact	Name: Primary Contact	Phone #: Primary Contact
Name: Secondary Contact	Phone #: Secondary Contact	Name: Secondary Contact	Phone #: Secondary Contact

### Block Transfer Information

**Note:** When transferring the entire vineyard/orchard, list all Vineyard/Orchard ID and Names and write **all** in the Block ID column. Block names will need to be recorded when transferring the entire vineyard/orchard.

Commodity: Circle one			Commodity: Circle one			
Apples	Grapes	Tender Fruit	Apples	Grapes	Tender Fruit	
Vineyard/Orchard ID	Vineyard/Orchard Name	Block ID	Vineyard/Orchard ID	Vineyard/Orchard Name	Block ID	Alternate Block ID

**Signatures** From the owner/operator, all current partners and approved corporation signature officers

Current Owner(s)/Operator(s)		New Owner(s)/Operator(s)	
Name (Print) <u>  X  </u>		Name (Print) <u>  X  </u>	
Name (Signature) <u>  X  </u>		Name (Signature) <u>  X  </u>	
Name (Print) <u>  X  </u>		Name (Print) <u>  X  </u>	
Name (Signature) <u>  X  </u>		Name (Signature) <u>  X  </u>	
Witness Name (Print) <u>  X  </u>		Witness Name (Print) <u>  X  </u>	
Witness Name (Signature) <u>  X  </u>		Witness Name (Signature) <u>  X  </u>	
Date: <u>  X  </u>		Date: <u>  X  </u>	

**Notice:** Information collected will populate the Data Management System in relation to Production Insurance, CAIS and other Business Risk Management programs that Agricorp administers, and for commodity organizations under contractual agreements.