

**CLTS ACCOUNT HOLDER CONSENT FORM**

This form must be completed for the purposes of providing a full consent to both Canadian Cattle Identification Agency (CCIA) and BIX Operations Inc. ("BIX Operations") to allow data exchange and/or access to the undersigned Account Holder's Canadian Livestock Tracking System (CLTS) account information, which shall be limited to the information required for participation in the JBS Certified Sustainable Beef program. A copy of this form will be retained by both CCIA and BIX Operations.

**CANADIAN LIVESTOCK TRACKING SYSTEM DATABASE IDENTIFICATION INFORMATION**

The undersigned (the "Account Holder"), hereby makes application for the third party identified below to submit and access information to and from the Canadian Cattle Identification Agency ("CCIA") and the Canadian Livestock Tracking System ("CLTS") database on its behalf:

<b>A</b>							
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**CLTS Account ID #**

**Name of the contact for this CLTS account** \_\_\_\_\_

FIRST LAST

Business/Farm Name \_\_\_\_\_

Business/Farm Address \_\_\_\_\_ Premises Identification \_\_\_\_\_

P.O. BOX SITE RR

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STREET CITY PROV/TERR POSTAL CODE

Main Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email \_\_\_\_\_

**THIRD-PARTY SERVICE PROVIDER INFORMATION – BIX Operations Inc.**

The undersigned CLTS account holder hereby makes application to submit and access information to and from the CLTS database on behalf of the Account Holder named above:

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**CLTS Account ID #**

**Name of the contact for this third-party service provider account** \_\_\_\_\_

FIRST LAST

Business Name BIX OPERATIONS INC.

Business Address \_\_\_\_\_

P.O. BOX SITE RR

#200 - 10607 82nd St Edmonton Alberta T6A 3N2

STREET CITY PROV/TERR POSTAL CODE

Business Telephone 780.456.2207 Alternate Telephone \_\_\_\_\_

Email info@trustbix.com

**The Account Holder understands and agrees that the BIX Operations Inc. platform known as "BIX" will submit and receive Identification information, Animal Birthdate and Movement Information and Premises Identification Information to and from their CLTS account and will access and receive Identification Information and Animal Birthdate Information from their CLTS account, allowing the Account Holder identified above to participate in the JBS Certified Sustainable Beef program. The Account Holder authorizes BIX Operations Inc., through BIX, to:**

- a) use the Identification Information set out in the first box above to verify the Account Holder's identity by comparing the BIX Identification Information with the Account Holder's profile in the CLTS;  
 Yes  No
- b) be an authorized "Third Party User" for the purpose of reporting and submitting Required Information (as defined in the *Health of Animals Regulations*, or "Regulations"), Animal Movement Information and Premises Identification Information to CLTS on behalf of the Account Holder, as required by the Regulations; and  
 Yes  No
- c) access and receive the Account Holder's Identification Information, Movement Information and Animal Birthdate Information from CLTS.  
 Yes  No

**IMPORTANT NOTE:** To confirm the Account Holder's identity, all contact information provided in this form will be compared to the existing Account Holder's profile in the CLTS database.

Upon submission of information to CCIA or access to information in the CLTS, all parties agree to the following:

- Certify that information provided to CCIA is accurate to the best of their knowledge;
- Certify that information supplied by CCIA shall not be used for other than the intended purpose;
- Accept that any personal information provided will be subject to the applicable privacy legislation and the BIX Operations Privacy Policy which can be viewed at [www.bixs2.ca](http://www.bixs2.ca)
- Accept that CCIA may restrict access at CCIA's discretion which will be communicated to the parties; and
- Adhere to the *Health of Animals Regulations* and acknowledge the authority of Canadian Food Inspection Agency.

Account Holder understands and agrees that it is the regulated party and that any failure of BIX Operations to report information on its behalf, or failure to report within the required regulatory time period, will be the failure of the Account Holder and not BIX Operations, and as such, the Account Holder will be subject to any enforcement action by government.

Signing this application (in paper or electronic format) indicates acceptance to the terms as outlined above. **If the Account Holder signs an electronic copy, the Account Holder will be required to click "Submit" upon completion.**

I, \_\_\_\_\_  
FIRST NAME LAST NAME  
certify that I am authorized to sign on behalf of the CLTS Account contact listed herein.

\_\_\_\_\_  
AUTHORIZING SIGNATURE FOR ACCOUNT HOLDER

\_\_\_\_\_  
DATE

Bev Braat  
I, \_\_\_\_\_  
FIRST NAME LAST NAME  
certify that I am authorized to sign on behalf of BIX Operations Inc.

  
\_\_\_\_\_  
AUTHORIZING SIGNATURE FOR BIX Operations Inc.

12/01/2022

\_\_\_\_\_  
DATE