



**DEADLINE FOR LEASES IS 4:30 PM THE FIFTH LAST BUSINESS DAY BEFORE THE END OF EACH MONTH**

Lease entered by: \_\_\_\_\_

4060 Highway 236  
Lower Truro NS B6L 1J9  
Phone: (902) 893-6455  
Fax: (902) 897-9768  
Email: dfns@dfns.ca  
[www.dfns.ca](http://www.dfns.ca)

# TPQ Lease Agreement for \_\_\_\_\_ (Exchange Month)

Is this lease a result of an approved Catastrophe Application?  Yes  No

If yes, what percentage of Quota was approved by the Board to lease out as Catastrophe: \_\_\_\_\_ %

**LESSOR (Lender of the Quota):**

Registered Producer Name: \_\_\_\_\_

DFNS Registration Number: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LESSEE (Borrower of the Quota):**

Registered Producer Name: \_\_\_\_\_

DFNS Registration Number: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AGREEMENT:**

The LESSOR shall lease to the LESSEE \_\_\_\_ . \_\_\_\_ kgs of dairy Total Production Quota (TPQ) This lease term shall commence on the first day and terminate on the last day of the month indicated above.

A producer cannot be both a Lessor and a Lessee during the same month.

A producer can lease in or out up to a maximum of 25% of current TPQ holdings (unless a catastrophe Lessor).

Leases sent to DFNS may not be received by DFNS 100% of the time for a variety of possible reasons and they can not be recorded if not received. Some producers feel more comfortable receiving confirmation and DFNS is willing to provide that to the Lessor. If you would like a confirmation, provide your email below:

Lessor's Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of LESSOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LESSEE

\_\_\_\_\_  
Date

*All leases must be signed by the registered quota holders. In the case of a partnership or corporate quota holder, the lease must be signed by designated signing officer(s). Only leases applying to the current month will be accepted.*

*The information on this form is a summary of the applicable rules, which are contained in the TPQ Regulations.*

**FOR DFNS OFFICE USE ONLY**

Lease Rejection Reason: \_\_\_\_\_

If Lease received late, Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff Initial: \_\_\_\_\_