

Instructions For WA-62

BOND TO COVER LOST PAPER WAREHOUSE RECEIPTS UNDER THE UNITED STATES WAREHOUSE ACT

Warehouse receipt owners with warehouse receipted deposits in warehouses licensed under the United States Warehouse Act who have lost warehouse receipts use this form to indemnify the warehouse operator against losses to the warehouse operator as a result of reissue of duplicate warehouse receipts or delivery of the warehouse receipted agricultural product covered by the warehouse receipts.

Submit the original of the completed form in hard copy to the Warehouse Licensing and Examination Division/Examination Branch. Return this completed form to the Kansas City Commodity Office (KCCO), Warehouse Licensing and Examination Division, STOP 9148, P.O. Box 419205, Kansas City, MO. 64141-6205.

Warehouse receipt owners complete all items except the surety items (Items 3 and 4, and Items 10 and 11.

| Fld Name / Item No. | Instruction |
|--------------------------------|--|
| 1A Bond Number | Enter the Bond Number assigned by corporate surety <i>(if available)</i> . |
| 1B License Number | Enter the United States Warehouse Act license number of the warehouse in which the warehouse receipted agricultural product is stored. |
| 2(a) Name | Enter the name of the owner of the warehouse receipt(s). |
| 2(b) Address | Enter the city, state address of the owner of the warehouse receipt(s). |
| Select | Select either Option 3 or Option 4 to continue. |

| | |
|---|--|
| 3 Name of Individuals | If selecting Option 3, enter the name (<i>a</i>) and city, state address (<i>b</i>) of two individuals that meet the qualifications specified at the top of the box. |
| 4 Name of Corporate Surety | If selecting Option 4, enter the name and address, city and state of the corporate surety writing this bond. |
| 5 Name of Warehouse Operator | (<i>a</i>) Enter the name of the licensed warehouse operator. (<i>b</i>) Enter the city, state address of the warehouse operator. |
| 6 Penal Sum | Enter (<i>a</i>) in English the penal sum of the bond (<i>according to directions under the line</i>) and (<i>b</i>) in Arabic numerals. |
| 7A(1) Name | Enter the name of the licensed warehouse operator. |
| 7A(2) Name | Enter the name of the licensed warehouse. |
| 7A(3) City, State | Enter the city, state location of the licensed warehouse. |
| 7A(4) Paper warehouse receipt | Enter, for each lost paper warehouse receipt, the paper warehouse receipt number. |
| 7A(5) Issued warehouse receipt | Enter, for each lost paper warehouse receipt, the person to whom the paper warehouse receipt was issued. |

| | |
|----------------------|--|
| 7A(6) Date Issued | Enter, for each lost paper warehouse receipt, the date the paper warehouse receipt was issued. |
| 7A(7) Grade | Enter, for each lost paper warehouse receipt, the grade of the agricultural product on the paper warehouse receipt issued. |
| 7A(8) Ag Product | Enter, for each lost paper warehouse receipt, the agricultural product for which the paper warehouse receipt was issued. |
| 7A(9) Weight | Enter, for each lost paper warehouse receipt, the weight of the agricultural product for which the paper warehouse receipt was issued. |
| 7A(10) | In the case that there are more than five lost warehouse receipts, use an 8 1/2 by 11 inch sheet of paper to list additional receipts and follow with the required statement. Enter the bond number. |
| 7A(11) | Enter the effective date of bond execution if listing additional warehouse receipts. |
| 7D(1) and (2) | Check the appropriate box indicating that the agricultural product was or is to be delivered or a duplicate warehouse receipt is being issued. |
| 7F(1) through (3) | Enter the (1) day (2) month and (3) year of execution of this agreement. |
| 8(a) | Enter the typed name of the owner of the paper warehouse receipts that have been lost. |
| 8(b) | Enter the signature of the owner (<i>and title if not an individual owner</i>) of the paper warehouse receipts that have been lost. |
| 8(c) through (f) | Enter the signatures of two witnesses and their city, state addresses to the signature(s) in Item (b). |

Item 9 to be executed by Individuals Acting as Surety. (OPTION 3)

| Fld Name / Item No. | Instruction |
|----------------------------|---|
| 9 (a) through (d) | IF OPTION 3 CHOSEN ON PAGE ONE, enter the signatures, (a) and (c), and city, state addresses, (b) and (d), of the two individuals acting as surety. |
| 9 (e) through (h) | Enter the signatures, (e) and (g), and city, state addresses, (f) and (h), of two witnesses to the two signatures in Items (a) and (c). |

Item 10 to be executed by Corporate Surety. (OPTION 4)

| Fld Name / Item No. | Instruction |
|----------------------------|---|
| 10 (a) through (c) | IF OPTION 4 CHOSEN ON PAGE ONE, enter (a) the typed name of corporate surety, the (b) signature of an authorized individual, and (c) the title of the authorized individual executing this agreement. <i>(Please attach a power of attorney evidencing the individual's authority).</i> |
| 10 (d) through (g) | Enter the signatures and city, state addresses of two witnesses, (d) and (e), to the signature of the authorized individual. |