

Identification Number	Subscription	AgriStability PIN - add zeros at front to equal 8 digits	Year
870 _____	- _____	_____	_____

**Client Information:**

Legal Name \_\_\_\_\_

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

Contact Person (Must be a Client or Shareholder of the company) \_\_\_\_\_

**Fiscal Year End:** Year  Month  Day

Program Year Farming Activity \*six months of consecutive farming activity and a production cycle must be completed to be eligible for an interim.

(a) Were you a crop/production share landlord in the program year? No  Yes

(b) Do you farm with anyone else (e.g. share farm equipment; provide labour in return for fertilizer, feed, etc.)  
Please explain and provide names of others you farm with.  
\_\_\_\_\_  
\_\_\_\_\_

(c) Has there been a significant change in the size/nature/ or practices of your farming operation? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

(d) Please indicate the amount of assistance, if any, you have received/expect to receive from the following in the program year:

Production / Hail Insurance \$ \_\_\_\_\_

WLPPI, WCPIPI &/or WHPIPI Payment \$ \_\_\_\_\_

AgriRecovery Program Payment \$ \_\_\_\_\_

Other Allowable payments \$ \_\_\_\_\_  
(Specify) \_\_\_\_\_

*Continued on next page*

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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### Freedom of Information and Protection of Privacy Act

The information on this form and any information you provide to us in the future related to this form is collected under the authority of the Agriculture Financial Services Act and the Freedom of Information and Protection of Privacy Act (the FOIP Act). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/ or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By signing this form below, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: Alberta Agriculture and Forestry, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; and (iii) AFSC, federal, and provincial policy and program evaluation; (iv) for research and statistical development; and (v) for statistical purposes.

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Service Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

**For individual client, the individual must sign; and for corporations and other entities authorized signatories must sign.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contact Information: Complete ONLY if there are changes to the information on file.

Home / Business \_\_\_\_\_ Phone Number \_\_\_\_\_ Home Quarter \_\_\_\_\_  
 Cell \_\_\_\_\_ Part Section Township Range Meridian  
 Email \_\_\_\_\_ GST/BIN/Trust # \_\_\_\_\_  
 Fax \_\_\_\_\_ Branch Office \_\_\_\_\_ Province \_\_\_\_\_