

2022 Application for Fee Notice

Deadline - June 30, 2022 for the 2022 Program Year

Identification Number	Subscription	AgriStability PIN - add zeros at front to equal 8 digits	Year
8 7 0 _____	-		

Client Information
Business Name _____ Business Address _____ Home / Business _____ Fax _____ Email _____ <small>Phone / Cell Number</small> Contact Person (Must be a Client, or a Shareholder of the company) _____ SIN _____ BN _____

Farming History
Legal Land Description Part _____ Section _____ Township _____ Range _____ Meridian _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Did you commence farming during 2017 - 2022? If yes, what year? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Did you form a corporation during 2017 - 2022? If yes, what year? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Were you a crop/production share landlord during 2017 - 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your partner report farming income on his/her tax return? If yes, both farm statements must be provided. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you farm with anyone else? (E.g. share farm equipment, provide labour in return for fertilizer, etc.) Please provide names of others you farm with and provide details _____

Estimated Crop / Livestock Production Units	2022		Comments
Crop Seed Acres	Dryland	Irrigated	
Perennial Forage Acres	Dryland	Irrigated	
Pasture Acres			
Home-raised Livestock	Type (specify)	No of births	
	Cattle		
Market Livestock	Type (specify)	No of head sold	
	Beef feeders		

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Consent Statement

I consent to AFSC using, providing and accepting any information contained in any form, now or in the future, in electronic format. I also consent to AFSC accepting any form of electronic signature that I place on any form as legally binding as if it were my original ink signature.

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 (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta) (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 submitting this form, 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: B.C. Ministry of Agriculture, Alberta Ministry of Agriculture and Forestry, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture and Resource Development, Manitoba Agriculture Services Corporation, 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; (iii) for AFSC, federal and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program compliance; (v) for research development; and (vi) for statistical purposes.

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

Declaration

I declare that all of the information provided in this form is accurate and true and I understand that I must notify AFSC immediately if I discover that any of the information contained in this form is inaccurate or untrue. Should the information I provided not be accurate or true, I agree that AFSC may cancel any application or approved subscription issued in reliance on such provided information.

Print Client Name _____
First Name
Middle Name
Last Name

Client Signature _____ Date _____

For individual participants the individual must sign. For corporations, and other entities, authorized signatories must sign. All partners must submit a separate application.

To submit this form:

Fax to (403) 782-8348 or 1-855-700-AFSC (2372) or
 Mail to AFSC, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1
 Email to info@afsc.ca