

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

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	\$ _____
LPI Payment	\$ _____
AgriRecovery Program Payment	\$ _____
Other Allowable payments	\$ _____

(Specify) _____

Continued on next page

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
-------------------------	----------------------	------------------------

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

(e) If you have crop or livestock production share, report only your share of acres and livestock.

Report all production, including amounts being fed. (If there is insufficient space please attach an additional sheet.)

Crop/Forage Description	Number of Acres	Grade	Contract if applicable	Estimated yield per acre for ENTIRE program year (specify units e.g. bushels)
Unseeded Acres if applicable				
Total				

(f) **Livestock:** estimate activity for ENTIRE program year: (If there is insufficient space please attach an additional sheet.)

Please indicate if cattle are Purebred or Commercial: Purebred Commercial

	Cows Calved	Market Hogs Sold	Weaner/Feeder Hogs Sold	Other (Specify)
Number (Head)				

	Number Purchased	Number Sold	Days Fed		Number Purchased	Number Sold	Days Fed
Feeder Cattle (up to 1200 lbs.)				Fat Cattle (over 1200 lbs.)			
Other (Specify)							

For assistance with this form contact the Client Service Centre toll free 1.877.899.AFSC (2372)

To submit this form: E: info@afsc.ca
F: 403.782.8348 or 1.855.700.2372

Mail to: AFSC
5718-56 Avenue
Lacombe, Alberta T4L 1B1

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

Freedom of Information and Protection of Privacy Act
<p>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.</p> <p>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 and Food, Alberta Ministry of Agriculture and Irrigation, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture, 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.</p> <p>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.</p> <p>For individual client, the individual must sign; and for corporations and other entities authorized signatories must sign.</p> <p>Client Signature _____ Date _____</p> <p>Client Signature _____ Date _____</p>

Contact Information: Complete ONLY if there are changes to the information on file if applicable.
<p>Home / Business _____ Phone Number _____ Home Quarter _____ Part _____ Section _____ Township _____ Range _____ Meridian _____</p> <p>Cell _____</p> <p>Email _____</p> <p>Fax _____ Branch Office _____</p>