

AgriStability

## 2024 AgriStability Interim Payment Application Schedule 1 - Additional Information

Operation  of 

If you answered "Yes" to question 1a on the Interim application, complete all sections a, b c. If you answered "Yes" to question 1b on the Interim application, only complete the sections that have changed from your last application.

Personal information will be handled in accordance with the Privacy Act. Details of the collection, use, disclosure, and retention of personal information are described in the Personal Information Bank, the Net Income Stabilization Account (NISA), AAFC PPU 183.

Participant identification number (PIN) 

<b>a) Participant identification</b>		<b>b) Contact person information</b>	
Name (individual or entity)		If you would like someone else to provide additional information on your behalf, provide all details in this section.	
Address		Name (individual)	
City/Town	Prov/Terr	Postal code	
Telephone number	Fax number		
Email address			
Social insurance number (SIN)			
Business number			
Trust number			
City/Town		Prov/Terr	Postal code
Telephone number		Fax number	
By providing a contact person's name, you are authorizing the AgriStability Administration to receive information from and to disclose information to the contact person, and to make changes to your applications as directed by the contact person.			

<b>c) Business structure</b>			
Fiscal period:	From:	To:	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Year	Month	Day
Main farmstead location:			
Province/Territory	District/County/Municipality number	District/County/Municipality name	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
Farm type:			
<input type="checkbox"/> individual	<input type="checkbox"/> corporation	<input type="checkbox"/> limited partnership	<input type="checkbox"/> communal organization
<input type="checkbox"/> co-operative	<input type="checkbox"/> trust	<input type="checkbox"/> member of a partnership	
<input type="checkbox"/> Status Indian farming on a reserve	<input type="checkbox"/> Band farm	<input type="text"/> <input type="text"/> <input type="text"/>	Band number

<b>d) Change to business structure</b>
Please identify how your business structure has changed:
<input type="checkbox"/> incorporated <input type="checkbox"/> formed a partnership <input type="checkbox"/> changed your fiscal year-end <input type="checkbox"/> changed your method of accounting
<input type="checkbox"/> other (please provide details) _____ _____ _____ _____