

AgriStability	AgriStability Program Appeal Submission Form	Page 1
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Section 1 - Participant information

Participant identification		Representative information											
Name		Complete this section if you would like someone else to provide or receive additional information on your behalf regarding your appeal.											
Participant identification number (PIN) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												Name	
Telephone number		Business name											
Fax number		Telephone number											
		Fax number											

Indicate the program year(s) you are appealing:

2024 2023 2022
 2021 2020 2019
 2018 2017

Date: _____

If this is for a partnership or combined operation, provide the names and PINs of all appellants. For corporations, provide the name and the PIN of the corporation.

Name of appellant	Participant identification number (PIN)

Section 2 - Nature of appeal

You may request an appeal if:

- you feel we did not correctly apply AgriStability program rules in processing your form or adjustment. The program rules are outlined in the [Guidelines and Handbook](#). Explain below which program rules you feel we did not correctly apply to your form.
- you missed a deadline because of exceptional circumstances beyond your control. Identify the missed deadline and the reason for missing it below.

See [How do you submit an appeal?](#) for more information on the appeal process.

Section 3 - Documentation

Number the front page of any supporting documents you are providing and list them in numerical order below.	Number of pages
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
Total number of pages	

Section 4 - Send your completed form

Mail or fax

AgriStability Program Appeals
PO Box 3200
Winnipeg MB R3C 5R7

Toll free fax: 1-877-949-4885

Questions?

Call us toll free at 1-866-367-8506
Monday to Friday, 8:00 am to 5:00 pm (CDT)
agriculture.canada.ca/agristability

Privacy and consent clause

Agriculture and Agri-Food Canada (AAFC) is committed to protecting the privacy of your information. The information on this form is collected under the authority of the *Farm Income Protection Act* and will be used by the Administration and Appeal Committee members (including producer representatives and representatives from provincial or territorial governments) exclusively for the purposes of reviewing your appeal request and determining your eligibility for benefits. Your personal information will not be used for any other purpose except as required by law.

You have the right to request access to your personal information held by AAFC and to request changes to incorrect personal information. For more information about your rights under the *Privacy Act*, contact the AAFC Access to Information Privacy Coordinator at ATIP-AIPRP@agr.gc.ca and reference AAFC PPU 183.

In addition, by submitting this form for benefits under the AgriStability and AgriInvest programs, you:

- 1) certify that the information provided is complete and correct
- 2) understand and agree that the person you identified on this form as your representative may receive information relating to your appeal from the Administration and may instruct the Administration to modify information relating to your appeal
- 3) understand and certify that where you have provided information about other individuals or entities you have been authorized by those individuals or entities to provide that information
- 4) understand and agree that where you have provided information about other individuals or entities, if they request to see the information you have submitted about them, the Administration will give them access to that information
- 5) understand that it is a criminal offense to make a false statement in application for program benefits and any declarations made are subject to audit