Protected B when complete

| | | | | | | | FIC | necteu | D W | ileli c | ,OITIF | леце | |
|---|----------------------------|------|---|---|---------------------------|-------|-----------|---------|------|---------|--------|----------|--|
| Agri Stability | 2025 AgriStabi Schedule | - | | _ | nent Applic Iformation | ation | | Operati | on [| | 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 <i>Privacy Act</i> . 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 numbe | er (PIN) | | | | | | | | | | | | |
| a) Participant identification | | | | b) Contact person information | | | | | | | | | |
| 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 P | rov/Terr Postal | code | | 2 | | | | | | | | | |
| Telephone number Fa | ax number | | | Business | name | | | | | | | | |
| | | | A | ddress | | | | | | | | | |
| Email address | | | | City/Town | | | Prov/Terr | | Po | stal co | de | \dashv | |
| Social insurance number (SIN) | 7 | | | | | | | | ı | ı | I | ا ا | |
| | | | T | Telephone number Fax number | | | | | | | \Box | | |
| Business number R C Trust number T | | | | 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. | | | | | | | | | |
| Business structure | | | | | | | | | | | | | |
| Fiscal period: From: Ye Main farmstead location: | ear Month | Day | | То: | 2 0 2 Year | | nth Da | у | | | | | |
| Province/Territory District/County/Municipality number Dis Farm type: | | | | strict/County/Municipality name | | | | | | | | | |
| individual corporation limited partnership communal organization | | | | | | | | | | | | | |
| co-operative trust member of a partnership | | | | | | | | | | | | | |
| Status Indian farming on a reserve | | | | Band farm Band number | | | | | | | | | |
| d) Change to business structure | | | | | | | | | | | | | |
| Please identify how your business | structure has changed: | | | | | | | | | | | | |
| incorporated formed a partnership changed your fiscal year-end changed your method of accounting | | | | | | | | | | | | | |
| other (please provide details) | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
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