Protected B when complete

2024 A swiCtobility lists	Protected B when complete
Adristability	rim Payment Application Operation of Operation
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.	ion, only complete the sections that have changed from your last
The Privacy Act protects information you give on this form w	which is kept in personal information bank number AAFC PPU 183.
Participant Identification Number (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 Prov/Terr Postal code	
Telephone number Fax number	Business name
Email address	Address
	City/Town Prov/Terr Postal code
Social Insurance Number (SIN) Business number	Telephone number Fax number
Trust 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.
c) Business structure	
Fiscal period: From: Year Month Day Main farmstead location:	To: 2 0 2 1
Province/Territory District/County/Municipality number D Farm type:	istrict/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 chang	ged your fiscal year-end
other (please provide details)	