



### 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)	
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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)  
  
[www.agr.gc.ca/agristability](http://www.agr.gc.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, including your Participant Identification Number (PIN) is collected under the authority of Section 4 of the Farm Income Protection Act (FIPA) 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](mailto: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