



NP – 01 2012 AgriStability Program New Participant Information

All new participants must complete this form. This information will be used to create a Personal Identification Number (PIN) which will be used to identify you and protect the privacy of the information you submit to the AgriStability program.

Name Individual or Entity			
Address			
Town / City		Postal Code	
Telephone Days		Evening	
Email			
Province of Main Farmstead			

Indicate the location of your main farmstead based on the province/territory in which it is located. If your farm falls into more than one jurisdiction, enter the province/territory where all or the majority of the gross farming income was earned over the previous five years.

District/County/Rural Municipality	
PIN (if already assigned)	

What is your main farming activity? _____

For the Agri**Stability** Program are you applying as?

- | | |
|---|---|
| <input type="checkbox"/> A Status Indian farming on a Reserve | <input type="checkbox"/> A Co-Operative |
| <input type="checkbox"/> An Individual | <input type="checkbox"/> A Trust |
| <input type="checkbox"/> A Corporation | <input type="checkbox"/> A Commune |

Social Insurance Number	
Business Tax Number	RC
Trust Taxation Number	T

Note; If you are a Status Indian who farms on a reserve in Canada and are exempt from filing an income tax return, you are eligible to participate providing you submit the information you would have otherwise reported for tax purposes for the program year and reference years. References to Canada Revenue Agency do not apply to a Status Indian farming on a reserve.

If you are a partner in a partnership, you must report 100% of the partnership income, expenses and production information on the enclosed forms, and indicate your share of the partnership. The Administration will apply your percentage share to the total values reported for the partnership.



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If you are in a partnership, please provide the name and PIN (if applicable) of all partners, including your own information.

First Name of Partner	Last Name of Partner	Corporation name if partner is a corporation	% Share	Participant Identification Number (PIN)

If the operation is a corporation please enter the shareholder information and PIN (if applicable) below. Attach a separate sheet if you require additional space.

Total number of outstanding common shares: _____

Name of Shareholder/Member	Participant Identification Number (PIN)	Number of Common Shares per shareholder

Yes, I wish to receive a 2012 enrolment notice. I understand that if I decide not to participate in AgriStability, I must indicate this on the tear-off portion and return it to the Administration by the deadline shown on my Enrolment Notice. If I do not, I will be enrolled in AgriStability for 2012, and my fee and penalty will be outstanding. If I do not pay my fee by the final deadline, I will not be eligible for 2012 AgriStability benefits and my outstanding fee and penalty will be recovered from any future program years.

Please return your completed form to your local office by April 30, 2012:

AgriStability
 200 1500 Hardy St
 Kelowna, BC
 V1Y 8H2

AgriStability
 1767 Angus Campbell Rd
 Abbotsford, BC
 V3G 2M3

AgriStability
 PO Box 857
 201-9971 350th Ave.
 Oliver, BC
 V0H 1T0

AgriStability
 10043 100th St
 Fort St. John, BC
 V1J 3Y5

Or Fax: 1-877-605-8467.

Please call 1-877-343-2767 if you have any questions