

Only Participants who answered "Yes" to any of the questions in section "e" or "f" on page 1 of the 2008 Interim application are required to complete this schedule. The Privacy Act protects information given on this form which is kept in personal information bank number AAFC PPU 189.

a) Applicant Identification

Address		Province of Main Farmstead	
Town/City	Province	Postal Code	Legal Land Description of Main Farmstead
			Qtr <input type="text"/> <input type="text"/> Sec <input type="text"/> <input type="text"/> Twp <input type="text"/> <input type="text"/> Rng <input type="text"/> <input type="text"/> Meridian <input type="text"/> <input type="text"/>
Rural Municipality/County/District of Main Farmstead		Participant Identification Number (PIN) <input type="text"/>	
Telephone Number (Days)	Telephone Number (Evenings)	Facsimile Number	

b) Contact Information

First Name	Last Name	Business Name
Address		Town/City
		Province
		Postal Code
Telephone Number	Facsimile Number	

c) Business Structure

Fiscal Period Start:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Day	Fiscal Period End:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Day
For this application, are you applying as:													
<input type="checkbox"/>	an individual			<input type="checkbox"/>	a corporation			<input type="checkbox"/>	a co-operative				
<input type="checkbox"/>	a communal organization			<input type="checkbox"/>	a limited liability partnership			<input type="checkbox"/>	a trust				
<input type="checkbox"/>	a member of a partnership			<input type="checkbox"/>	a Status Indian farming on a Reserve			<input type="checkbox"/>	a band farm <input type="text"/> <input type="text"/> <input type="text"/>				
<input type="text"/> R C <input type="text"/> <input type="text"/>				<input type="text"/> T <input type="text"/> <input type="text"/>				<input type="text"/>					
Business Tax Number				Trust Taxation Number				Social Insurance Number					

d) Change in Business Structure

Please identify how your business structure has changed:			
<input type="checkbox"/>	incorporated	<input type="checkbox"/>	formed partnership
<input type="checkbox"/>	change of fiscal year end	<input type="checkbox"/>	change in method of accounting
<input type="checkbox"/>	other (please provide details) _____		

