

AGRICULTURAL MARKETING PROGRAMS ACT (AMPA) **ADVANCE PAYMENTS PROGRAM APPLICATION FOR AN ADVANCE**

PART 1 - APPLICATION FOR A	AN ADVANO	CE						
Name of Applicant								
Mailing Address of Applicants								
Mailing Address of Applicant: Street City								
Province			Postal Code			Telephone Number		
Residential Address, if diffierent from above: Street						City		
Sireet						City		
Province			Postal Code			Telephone Number		
Crop Information:								
Type of Crop		Specify Unit Measuremer	of nt	No. of Units in Storage	Rat Unit	e of Advance per	Amount of Advance Requested	
This crop is of good quality and in adequate storage facilities at the following location:								
County			Concession			Lot		
Name of Applicants Lender				l			I	
Address of Lender:						Low		
Street						City		
Province			Postal Code			Telephone Number		
There are(number) lien(s) on the crop described herei as follows:				and the name(s) and address(es) of the			der(s) and amount of lien(s) is (are)	
Name		Address				Amount		
If an Application has been made for another advance for this crop ye including Applications to the Canadian Wheat Board, indicate the na			ear,	Administrator			Amount	
Administrator and the amount requested.				<u> </u>				
Agent Name	NAME of Insurance Company							
Agent Name				Name of mourant	e Con	ірапу		
Policy Number				Amount				
The Applicant must ensure that all the i	nformation pro	ovided on the App	lication a	and the Declaration	is co	mplete and accur	rate. Providing false or misleading	
information will result in an automatic misleading information is considered as								



Date

Signature of Applicant