

Only participants who answered yes to any of the questions in Section e or f on page 1 of the 2007 Interim Form 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			
Telephone Number (Days)		Telephone Number (Evenings)	Facsimile Number

b) Contact Information

Name		Address	
Telephone Number	Facsimile Number	Town/City	Province Postal Code

c) Business Structure

For this application, are you applying as:

an individual
 a corporation
 a co-operative

a communal organization
 a limited liability partnership
 a trust

a member of a partnership
 a Status Indian farming on a Reserve
 a Band farm Band Number

R C Business Tax Number

T Trust Taxation Number

Social Insurance Number

Fiscal Period Start: Year Month Day
 Fiscal Period End: Year Month Day

d) Change in Business Structure

Please identify how your business structure has changed:

incorporated
 formed partnership
 change of fiscal year end
 change in method of accounting

other (please provide details) _____
