AgriInvest
New Participant PIN Request Form

Protected B when completed

To participate in AgriInvest you need a Participant Identification Number (PIN). Complete this form if you:

- have never participated in AgriInvest or AgriStability
- farm as an individual (except if you farm in Quebec), or
- farm as an entity (corporation, co-operative, or communal organization) or trust in Manitoba, Newfoundland and Labrador, Nova Scotia, New Brunswick or Yukon.

We will send your PIN to you by mail. You must include your PIN when you file your form or send correspondence to us.

Section 1 - Participant Identification

First name/Entity Name

Last name

Address

City/Town | Prov/Terr | Postal Code

Telephone number | Fax number | Email address

Complete all applicable fields

Social Insurance Number (SIN)

Business number (Provide your 9 digit business number if you have been assigned one. Corporations must also provide the RC reference number.)

R C

Trust number

T

Band number

Language of choice ☐ English ☐ French

Section 2 - Confidential information and participant consent

Agriculture and Agri-Food Canada (AAFC) is committed to protecting the privacy of your information. The information on this form, including your Social Insurance Number, is collected under the authority of Section 4 of the Farm Income Protection Act and will be used by AAFC to issue an AgriStability PIN to you. 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 aafc.atip-aiprp.aac@canada.ca and reference AAFC PPU 183 and/or CRA PPU 005.

By submitting this form, you:

1. certify that the information provided is complete and correct and
2. understand it is a criminal offense to make a false statement and that any declarations made are subject to audit.

You or an authorized representative (if the participant is an entity) must sign this form. An authorized representative is an owner, officer or director of the entity.

Enclose a copy of the corporation's T2 Schedule 50 or other legal documents identifying the shareholders or officers of the corporation with this form.

Print name of authorized representative: _____

Year | Month | Day

Signature: _____
(Participant or authorized representative)

Section 3 - Send your signed and completed form

Mail or fax

AgriInvest
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)
agr.gc.ca/agrinvest