

**Corporations/Cooperatives/Partnerships  
SSFPA ADVANCE PAYMENTS PROGRAM (APP)  
APPLICATION & REPAYMENT AGREEMENT**

PROTECTED "A" ONCE COMPLETED

**1.0 APPLICATION – PRODUCER INFORMATION FOR CORPORATIONS, COOPERATIVES OR PARTNERSHIPS**

**1.1 DOCUMENTATION**

✓ Administrators must verify the following for each Corporation/Cooperative/Partnership:

**Certificate of Incorporation / Proof of Partnership**

**Identity of signing authority verified** (Photo identification required, i.e. driver's license. Health cards cannot be accepted.)

Type of identification provided: \_\_\_\_\_

**1.2 BASIC INFORMATION**

- ✓ Identify the legal name of the Corporation/Cooperative/Partnership applying for the advance and indicate the type.
- ✓ List all Shareholders, Members or Partners of the Corporation/Cooperative/Partnership. Attach a separate sheet if required.
- ✓ If the ownership structure has changed from the previous application, please attach the new Incorporation/Cooperative/Partnership document that reflects the correct ownership structure.
- ✓ Provide CRA Business Number (if there is one)
- ✓ All Shareholders / Partners must provide full address (i.e. street, street number, postal code, P.O. box).

<b>Legal Name of Business</b>	<b>APP ID</b>	<b>CRA Business Number</b>
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Indicate type of business:       Corporation       Cooperative       Partnership

APP ID	First Name	Last Name	Address	Phone Number	Date of Birth (YYYY-MM-DD)	% Interest in Operation
						%
						%
						%
						%
						%

**Legal Address of Corporation/Cooperative/Partnership:**

<b>Street Address</b>	<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
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<b>Business Phone # (Ext.)</b>	<b>Business Fax #</b>	<b>Email Address</b>
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**Mailing Address of Corporation/Cooperative/Partnership (if different from above):**

<b>Street Address</b>	<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
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<b>Business Phone # (Ext.)</b>	<b>Business Fax #</b>	<b>Email Address</b>
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**Authorized Officer (person authorized to sign on behalf of the Corporation/Partnership/Cooperative):**

<b>Name</b>	<b>Relationship</b>	<b>Business Phone # (Ext.)</b>
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**1.3 DECLARATION OF BANKRUPTCY**

- Have you or any of the shareholders in the Corporation/Cooperative/Partnership declared bankruptcy within the past 7 years? (check box if "yes")
- Are you or any of the shareholders in the Corporation/Cooperative/Partnership seeking financial protection from creditors? (check box if "yes")

The personal and/or business information submitted on this form is collected under the authority of Section 10 of the *Agriculture Marketing Programs Act*. Any personal information collected by the Administrator will be used to administer the program in accordance with the *Personal Information Protection and Electronic Documents Act* (PIPEDA) or under legislation applicable within their jurisdiction. Any personal and/or business information may be disclosed to Agriculture and Agri-Food Canada (AAFC) and will be used to administer the program in accordance with the *Privacy Act* and *Access to Information Act*. The information may be used for the purposes consented to in the Declaration. Individuals have the right to request access to and correction of their personal information. Should you have any questions concerning your information and privacy, please contact: Agriculture and Agri-Food Canada's Access to Information and Privacy Director, Floor 10, 1341 Baseline Road, Tower 7, Ottawa ON K1A 0C5 or by email at AAFC.Privacy-vieprivee.AAC@CANADA.CA and reference AAFC's personal information bank *Agricultural Marketing Programs Act: Advance Payments Program, PPU 140*. (2020).

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Name of Shareholders/Members/Partners who declared bankruptcy	Name of Shareholders/Members/Partners who declared bankruptcy

**1.4 DECLARATION OF APP ADVANCE(S) RECEIVED FROM OTHER PRODUCER ORGANIZATIONS**

- Do any shareholders in the Corporation/Cooperative/Partnership have an outstanding advance with another APP Administrator? (check box if "yes")
- Are any of the shareholders in the Corporation/Cooperative/Partnership in default with an APP Administrator? (check box if "yes")

Name of Shareholders/Members/Partners	Name of APP Administrator	Commodity Type	Program Year	Amount of Advance Received
				\$
				\$
				\$
				\$
				\$

**1.5 PRIMARY FINANCIAL INSTITUTION**

Name of Primary Financial Institution		Contact Name		
Street Address		City/Town	Province	Postal Code
Phone # (Ext.)	Business Fax #	Email Address		

**1.6 RELATED PRODUCER DECLARATION**

- ✓ Producers are related if they do not deal with each other at arm's length.
- ✓ In the absence of proof to the contrary, producers are presumed to be related to another producer in any of the following circumstances:
  - One of the producers is the spouse or common-law partner of the other producer;
  - One of the producers owns at least 25% of the voting shares of the other producer;
  - One of the producers owns at least 25% of the voting shares of a corporation that directly or through any other corporation owns 25% of the voting shares of the other producer;
  - One of the producers is entitled to 25% or more of the profits or revenues of the other producer.
  - The producer shares any management and administrative services, equipment, facilities or overhead expenses of a farming operation with the other producer, but is not in a partnership with that other producer; or
  - Any other circumstances set out in the *Agricultural Marketing Programs Act* or the *Agricultural Program Marketing Regulations*.
- ✓ Relatedness is about program limits and therefore affects the applicant's eligibility to receive an advance, as well as the amount of an advance.
- ✓ If you answer "yes" to question 3 below, you may not be eligible to receive an APP advance, unless you are able to rebut the presumption of relatedness.
- ✓ You may choose to rebut the presumption by your Administrator that your farming business is relatedness to another producer. In such cases, you will be required to provide the Administrator with proof that the relationship is arm's length, which will include providing the Administrator with documentation to support your claim.

1. According to the above criteria are you related to another producer? If no proceed to Section 1.7.	<b>YES</b>	<b>NO</b>
2. Has a related producer a) applied for an APP Advance in this program year or b) participated in APP during a previous program years?	<b>YES</b>	<b>NO</b>
3. Are any related producers currently in default or ineligible under the APP, Spring Credit Advance Program or Enhanced Spring Credit Advance Program?	<b>YES</b>	<b>NO</b>

**1.6.1 RELATED PRODUCERS**

If you answered "YES" to any of the questions in Section 1.6 then you must complete Section 1.6.1.

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- ✓ List all related producers who received an advance for this or previous program years, including advances issued by other APP Administrators.
- ✓ Attach a separate sheet if required.

Name of the Related Producer	APP ID	Name of the Related Producer	APP ID

**1.7 DECLARATION OF SECURED CREDITORS**

- ✓ List all secured creditors who have a security interest that includes the Agricultural Product(s) and/or the BRM program payments whether such security was given under the authority of the *Bank Act* or under the authority of a personal property security legislation in force in the province or by operation of any other law.
- ✓ Examples may include, but are not limited to:
  - a lien taken by an input supplier on the agricultural product to be used for the APP advance;
  - a lien taken by your financial institution; or
  - a General Security Agreement.
- ✓ Attach a separate sheet if required.
- ✓ A signed Priority Agreement is needed for each secured creditor listed below.

Name of Secured Creditor:	Address and/or Phone Number:	Security Interest is on:	Value (if applicable):