

Fédération des producteurs de cultures commerciales du Québec  
 Maison de l'UPA  
 555, boul. Roland-Therrien, bureau 505  
 Longueuil (Québec) J4H 4G4

Telephone : 450 679-0540 (Ext. 8743)  
 Telecopieur : 450 679-6372  
 E-mail : paiementanticipe@fpccq.qc.ca



REQUEST FORM  
 Advance Payments Program  
 For 2012 – 2013 Crop Year

**SEEDING COMPONENT**

DATE OF RECEPTION AT OUR OFFICE  
 JUNE 30, 2012

PRODUCER'S NAME : \_\_\_\_\_ # UPA : \_\_\_\_\_  
 BUSINESS NAME : \_\_\_\_\_ # PPA - AAC : \_\_\_\_\_  
 ADDRESS : \_\_\_\_\_ # NIM : \_\_\_\_\_  
 CITY : \_\_\_\_\_ # FADQ : \_\_\_\_\_  
 POSTAL CODE : \_\_\_\_\_  
 TELEPHONE : \_\_\_\_\_ CELL PHONE : \_\_\_\_\_  
 FAX : \_\_\_\_\_ E-MAIL : \_\_\_\_\_

**A - 1. : DECLARATION OF APP ADVANCES RECEIVED FROM OTHER PRODUCER ORGANIZATIONS :**

**You must provide the following information :**

- List all advances issued to you or any Shareholder, member or partner for the 2012-2013 production period ;
- List all advances that have been attributed to you or any Shareholder, member or partner for the 2012-2013 production period, based on percentage of participation in any Corporation/Partnership/Cooperative.

# PPA-AAC	Producer's name	Company name	Telephone	% Parti-cipation	Federation/organisation	Advance amount

**You must also provide the following information :**

- List all outstanding advances issued by any organization for previous production periods to you or each shareholder, member or partner of the business, including advances attributed by percentage of ownership in any Corporation/Partnership/Cooperative.

# PPA-AAC	Producer's name	Company name	Telephone	% Parti-cipation	Federation/organisation	Unpaid balance

Attach a separate sheet if required.

**A - 2. :** When the producer making the **present request** is operating as a partnership or company, the following individual informations for each partner or shareholder are mandatory. *For a new participant, please provide us with the complete address, phone number and birth date of each partner or shareholder.*

# PPA-AAC	Name of shareholder/partner and address if different than the farm	Telephone	Date of Birth	% In profits (losses)	E-mail Address

**B. FINANCIAL INSTITUTIONS WHERE YOU DO BUSINESS – BANK OR CAISSE POPULAIRE**

*For a new participant or in case of a modification on your account number, please include a void check.*

NAME _____	ACCOUNT NO. _____	TRANSIT _____
CITY _____	TELEPHONE _____	FAX _____
NAME _____	ACCOUNT NO. _____	TRANSIT _____
CITY _____	TELEPHONE _____	FAX _____

**C. NAME OF YOUR INSURANCE COMPANY WHERE YOU ARE COVERED FOR YOUR FARM PRODUCTS (mandatory in fall for the producers with storage on farm. If your crop is stored outside your farm, please indicate to us the precise location).**

NAME (Insurance company) \_\_\_\_\_ AMOUNT (Insured) OR LOCATION OF STORAGE \_\_\_\_\_ AND CITY \_\_\_\_\_

FOR THE USE OF THE FEDERATION ONLY

UNION DUES: \_\_\_\_\_ RECEIVED ON : \_\_\_\_\_ AGREEMENT MAILED ON: \_\_\_\_\_

**D. IF THERE ARE ANY LIEN OR ENCUMBRANCE ON YOUR CROP OR CROP-INSURANCE /CAIS (AGRISTABILITY) /ASRA IN YOUR INSTITUTION WHERE YOU DO BUSINESS, PLEASE INDICATE THE INFORMATION:**

NAME	ADDRESS	AMOUNT
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**E. INFORMATION ON YOUR CROP-INSURANCE (COPY MUST BE PROVIDED TO US - 2012)**

Client number – FADQ: \_\_\_\_\_ Name of your counsellor at FADQ: \_\_\_\_\_  
 Phone number of your counsellor: \_\_\_\_\_

➤ If you don't have a participation to the crop insurance go to the following question

**F. INFORMATION ABOUT THE BUSINESS RISK MANAGEMENT PROGRAM (BRM) (COPY MUST BE PROVIDED TO US)**

➤ Include a copy of your 2012 participation in Agri-stability program (previously CAIS).

Client number - FADQ: \_\_\_\_\_ Name of your counsellor at FADQ: \_\_\_\_\_  
 Phone number of your counsellor: \_\_\_\_\_

**CROP INFORMATION**

Exemple : 8 t.m./ha. X 100 ha./corn X \$ 118 = \$ 94 400

GRAIN TYPE	CROP INSURANCE YIELD PROTECTION (IE. T/HECTARE)	NUMBER OF HECTARES (Estimate for 2012)	ADVANCE RATE PER UNIT	CALCULATED AMOUNT	ELIGIBLE AMOUNT REQUESTED
FEED OATS			105 \$		
SEED OATS			130 \$		
FOOD WHEAT			160 \$		
FEED WHEAT			115 \$		
SEED WHEAT			140 \$		
CANOLA			243 \$		
BEANS			425 \$		
LINEN / FLAX			240 \$		
CORN			118 \$		
FEED BARLEY			105 \$		
SEED BARLEY			130 \$		
DRY PEAS			130 \$		
BUCKWHEAT			200 \$		
RYE			95 \$		
SOYBEANS			213 \$		
SEED SOYBEANS			238 \$		
TRITICALE			95 \$		
			TOTAL AMOUNT :		
			IF YOU ASK FOR AN AMOUNT OVER \$100 000 CHECK OFF HERE <input type="checkbox"/>		

**G. WHICH DESIGNATED BUYER DO YOU PLAN ON SELLING YOUR CROP TO?**

Please indicate a name without obligation on your part of selling to that buyer.

NAME \_\_\_\_\_ CITY \_\_\_\_\_  
 NAME \_\_\_\_\_ CITY \_\_\_\_\_

NB : ANY FALSE STATEMENT WILL BE CONSIDERED A VIOLATION OF SECTION 37 OF THE AGRICULTURAL MARKETING PROGRAMS ACT

You must include a copy of your most recent Crop-insurance certificate from FADQ (2012).

OR

A copy of your 2012 participation in Agri-stability program where we can see your reference margin.



APPLICANT'S SIGNATURE

DATE