

## CANCEL PARTICIPATION FORM

**AgriStability PIN:**

Use this form to cancel your participation in AgriStability. This request can only be signed by the participant; nobody else can sign this form on your behalf.

Name		Home Phone	
Address 1		Work Phone	
Address 2		Cell Phone	
City	Province	Postal Code	Fax Number
Country	Email		

**Reason for Cancelling:**

- |  |   |
|--|---|
| <input type="checkbox"/> No longer farming                           | <input type="checkbox"/> Death of participant                     |
| <input type="checkbox"/> Program changes under GF2 (reduced support) | <input type="checkbox"/> AgriStability is difficult to understand |
| <input type="checkbox"/> Other (please explain):                     |   |

**Agreement and Signature:**

I want to cancel AgriStability participation for the \_\_\_\_\_ program year. I understand that

- By cancelling participation, I will not be participating for the current program year and will not receive any correspondence, including enrolment notices, for future program years.
- If I am cancelling participation after the due date on the enrolment notice for the current program year, I still need to pay the total fee due plus any late penalties.
- If I received an interim payment for the current program year, the amount will become an overpayment and the BC Ministry of Agriculture will recover that amount.
- To participate in AgriStability in the future, I must apply by April 30 of the program year.

\_\_\_\_\_  
Signature (Participant/Signing Officer) Printed Name

\_\_\_\_\_  
Corporate Name Date



**Sustainable Canadian  
Agricultural Partnership**



**BRITISH  
COLUMBIA**

