Actual Seeded/Anticipated Honey Report

Pre-Harvest Crops										
	Commodity	Crop Ins.	Ag Stab	Soil Type*	Have you completed seeding?	Number of Acres	Production Insurance Coverage Rate MT/acre or lb/acre	CCGA Advance Rate	\$ Amount	
	Commonly		Otub	Con Type	□ yes	710.00	11174010 01 12/4010	ruto	Ţ7iiiouiic	
					□ yes					
					□ yes					
					□ yes					
					□ yes					
					□ yes					
	Total of Pre-Harvest Crop Commoditi									
Sweet	ener									
								CCGA		
								Advance		
Honov	Commodity				Quant	ity (lb)		Rate	\$ Amount	
Honey										
Total Value of Commodities										
Total Requested Advance Amount (Maximum \$1,000,000)**										
Amount to be Issued										
*Soil types are different per production insurance agency. AFSC/SCIC - stubble/summer fallow/irrigated MASC - MB soil zone, alphanumeric (e.g. A01, B01, C01) BCPI/GARS/AgriStability - not required										
Indicate your intentions. Choose ONE .										
	Issue maximum eligible fu	ssue maximum eligible funds								
	Issue maximum eligible ii	nterest	erest-free funds only							
	Issue specific amount:									
	Transfer only. No addition	nal fun	ıds will	l be issued.						
Based on information provided, the requested advance amount may change due to BRM eligible amounts, or correction of calculations.										
I acknowledge that the AMPA Regulations were amended on March 10, 2025, to increase the interest-free benefit for all 2025 advances from \$100,000 to \$250,000.										
I agree to comply with all of the terms and conditions included in the original Application form and Repayment Agreement and this amending agreement.										
I acknowledge that this document is to be read together with, and forms part of, the Application and Repayment Agreement. All terms of the Application and Repayment Agreement and any subsequent amendments thereto, that have not been modified by this document remain in full force and effect.										
Refer to updated section 8.0 Temporary Increase to Interest-Free Benefit in this Agreement or on the Application Forms page at ccga.ca.										
I declare that the above information is true and accurate at the time of completion and agree to repay the Administrator any difference where applicable.										
Sigr	nature of Producer			Name of Pro	ducer (Please	print)	Date	APP ID) #	

The Actual Seeded Advance or Anticipated Honey Advance and/or additional application will become a part of your 2025/26 Cash Advance Application using all rules and regulations set forth by the 2025/26 Terms & Conditions of this Application & Repayment Agreement. For existing 2025/26 advances, this form must be completed and returned to CCGA by July 31, 2025, otherwise the advance will be repayable immediately.