

**SCHEDULE
REQUEST FOR PAYMENT**

Reserved FADQ

Client N°

1 Identification du client

Name or business name	Telephone No.
Address (number, street or range, municipality, postal code)	Fax No.

3 Supporting documents

<input type="checkbox"/> Part-time aspiring farmer grant <input type="checkbox"/> Full-time aspiring farmer grant <input type="checkbox"/> Deferred portion of the loan						
√	Invoice number	Amount of invoice (A)	Grant other than that of FADQ (B)	Amount claimed (A-B)	Payable to	Nature of purchases or services
Total amount:					→ Copy this amount into the appropriate box in section 3 of the form Request for Payment (1006-A)	

This form must necessarily be accompanied by the form Request for Payment (1006-A)