



Return the form, along with any supporting documentation, to your local Territory Manager.

FARMER TO COMPLETE

Title: Mr Mrs Ms Other, specify:

First name: Surname:

Trading name:

Street:

Town:

State: QLD NSW VIC TAS SA WA NT Postcode:

Phone (office): Phone (mobile):

Email:

Hectares planted: Quantity required for replant: (kg)

Signature: Date:

RETAILER TO COMPLETE

Retailer trading name:

Title Mr Mrs Ms Other, specify:

Surname:

Purchased: (kg) Purchase date:

Original purchase order number: *Please attach original invoice to farmer.*

New order number required from reseller at 50% discount:

Signature: Date:

RECEIPT OF FORM

☐ APPROVED ☐ NOT APPROVED

NAME:

☐ APPROVED ☐ NOT APPROVED

NAME:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

Details of Establishment Guarantee claim