



ESTABLISHMENT GUARANTEE™ CLAIM FORM



Date: _____

FARMER DETAILS

Mr Mrs Ms Other Given Name: _____ Surname: _____

Trading Name: _____

Address: _____

Town: _____ Postcode: _____

Telephone: _____ Fax: _____ Mobile: _____

E-mail address : _____

PURCHASE DETAILS

Product (Variety name): _____

No. of units (bags): _____

No of hectares planted: _____ ha _____

Supplier Name: _____ Purchase date: _____

Please supply original grower invoice

Reason for Establishment Guarantee claim: _____

Total number of bags needed for Replant (bags to be provided at half price): _____

New order number required from retailer at 50 percent discount _____

Person submitting claim (if not farmer) (please print): _____

Signature of person submitting claim: _____

OFFICE USE ONLY:

Date claim received:

Claim accepted: Yes / No

Name of person who authorised claim:

Date of notification of claim result: