



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:**