

FARMER TO COMPLETE

Mr

Mrs

Ms

Title:

ESTABLISHMENT GUARANTEE® CLAIM FORM

Retailer email to establishmentguarantee@swseedco.com with accompanying documents.

Other, specify:

First	name:		Surname:						
Tradi	ng name:								
Stree	et:								
Town	n:								
State	e: QLD	NSW	VIC	TAS	SA	WA	NT	Postcode:	
Phon	e (office):				Phone (mobile):				
Emai	l:								
Hectares planted:					Quantity required for replant: (Kg)				
Signature:				Date	Date:				
RETA	AILER TO CO	OMPLETE							
Retai	iler trading r	name:							
Title:	Mr	Mrs	Ms	Other, spe	cify:				
First name:			Surna	Surname:					
Prod	uct (variety)):							
Purchased: (Kg) Purchase date:									
Original purchase order number:					Ple	ease attad	ch original invoice	to farmer.	
New	order numb	er required fr	om resell	er at 50 pe	r cent disc	ount:			
Signature:				Date	Date:				
DEG									
REC	APPROVED		OVED		SIGN	ATURE:			
APPROVED NOT APPROVED NAME:			DATE:						
	APPROVED	NOT APPR	OVED		SIGN	ATURF:			

DATE:

NAME: David Barnett

DETAILS OF ESTABLISHMENT GUARANTEE® CLAIM