

Quality Welsh Food Certification Ltd Gorseland, North Road, Aberystwyth, SY23 2WB phone: 01970 636688 e-mail: fawl@wfsagri.net

Office Use Only	9646

## **APPLICATION FORM FOR CERTIFICATION**

Please complete all sections of this Application Form using black or blue ink, making amendments where necessary.

When complete, sign and date the end of this Application Form and return it, along with the Direct Debit Mandate, to the address shown above.

Organic					
Trading Name:					
Farm Name:					Would you prefer to receive correspondence
Address:					in Welsh in future?
Town:					yes / no
County:		Post Code:			
Phone:	Mobile	:		_ Fax: _	
E-mail:					
Would you prefer	to receive correspondence b	y e-mail in	future? ye	es / no	
Holding No:		Size:	0.00	Hecta	ares: 1 Ha = 2.47 Acres
Herd/Flock Mark:		Grid Ref:			
Are any Scheme I	Marks in use?	If 'yes',	please deta	il in 'Comm	ents' below.

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## If you keep stock at farms other than the one noted above, please complete below. If necessary, continue on a separate piece of paper and return with this form.

Holding Name:			-					
Address:			-					
Town:			_					
County:	P	_						
Holding No:	Size:	Hectares: 1 Ha =	= 2.47 Acres					
Herd/Flock Mark:	Grid Ref:							
Distance from main unit:	miles							
Separate Movement & Medicine Records? Yes / No								
Any housing / handling fac	Any housing / handling facilities at this site? Yes / No							
	Same management as main unit? Yes / No							
Additional information :								
Crops on holding? yes / no	Combinable crops	? yes / no						
Fertiliser Stored? yes / no	Pesticide Stored?	yes / no						
Please list any schemes that	you enquired about but	do not wish to join:						

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## No of fields

How many fields do you have	
Stock Numbers / Niferoedd y Da B	Byw
Ewe Lambs	
Finished Cattle	
Finished Lambs	
Store Cattle	
Store Lambs	
Suckler Cows	
Breeding Ewes	
Other	
Dairy	
Pigs	
Poultry	not answered
Transfer Details	
Enter details of transfer from another	scheme if applicable
Transfer Date	
Transferred from CB	

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Please supply the following in	nformation:		
Name of person responsible for s	stock:		
No. of years experience:	Qualifications, if any (eg NPTC, HND etc):		
Person giving medicines, if differ	ent from above:		
No. of years experience:	Qualifications, if any (eg NPTC, HND etc):		
Details of your vet:	TIND etc).		
Vet's Name:			
Practice:			_
Address:			<del></del>
Town:			<del>_</del>
County:		Post Code:	<del>_</del>
Scheme Declarations:			_
Organic			
<ul> <li>I will comply with those Standar</li> <li>I agree for my farm to be assess</li> <li>Regulations;</li> <li>I am over 18 years of age;</li> <li>I have not been, nor am I curren</li> <li>or environmental issue (if this is r</li> <li>The information provided on this</li> </ul>	ntly, subject to an	y legal action concerning e provide details);	g food safety, animal welfare,
Data Protection Policy:		oomprote in all respects	'
Quality Welsh Food Certification collected will only be used to ma with you. We will keep all data or a control of the companies owned by administered by us;  To prevent or detect fraud;  At your written request or with Payment: Subscriptions are collected annually Please complete the enclosed Directions.	nage the schemes confidential but we or associated with your prior written ally	administered by us, to may disclose some info us in order to process a approval.	manage our relationship ormation as set out below: applications for the schemes
If you are already a member of Wels	sh Lamb & Beef Proc	lucers and pay by direct de	ebit, please tick here:
Signed:		Date:	
When you have completed th	e form in full, ple	ease return it with yo	ur Direct Debit Mandate
		od Certification Ltd. I, Aberystwyth, SY23	3SD
DATE RECEIVED:	FOR OFFI	CE USE ONLY	

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INITIALS: