Beef & Veal

SECTION SEVENTEEN

FORM FIVE

APPLICATION FOR US BEEF AND VEAL GENERAL QUOTA ALLOWANCE

- This application is made in terms of the Quota Allowance Allocation System in respect of **United States Beef and Veal Tariff Rate Quota** ("Allocation System").
- Sections 4 and 13 of the Allocation System are of particular relevance when completing this application.
- This application relates to the Quota Year from 1 January to 31 December.

	lodged with the Board on or before 15 October prior to the ota Year to which this application relates.
The application must be se	ent to the Quota Officer at the New Zealand Meat Board.
NAME OF APPLICANT	
NAME OF AFFLICANT	
APPLICANT DETAILS	
ER number	Telephone
Email:	Facsimile:
Postal address:	
Street address:	
Note: Notices by the Board will be sent	t to the applicant at its postal address, facsimile number or email address given above
CONTACT PERSONS	
specify two people who are a Marketing Manager).	authorised to act as agents of the applicant (eg. Chief Executive
Name:	
Position:	
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Name:	
Position:	
	© New Zealand Meat Board

Beef & Veal

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FORM FIVE

DECLARATION

Date:

I am authorised to make this application on behalf of the applicant company and I can verify that:

- (a) The applicant agrees to be bound by the terms of the Allocation system which the applicant has received, and which I have read prior to making this application.
- (b) All the statements contained in this application and any attached documentation are to the best of my knowledge true and correct.
- (c) The applicant acknowledges that it will immediately advise the board in writing of any change of any of the details contained in this application.

Signature:	
Name:	
(please print)	
Position	

(d) The required participation fee is enclosed.