

**FORM 4:****APPLICATION FOR EU SHEEPMEAT AND GOATMEAT  
GENERAL QUOTA ALLOWANCE**

This application is made in terms of the Quota Allowance Allocation System in respect of **European Union Sheepmeat and Goatmeat Tariff Rate Quota** ("Allocation System").

- Sections 4 and 11 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.
- The application must be lodged with the Board on or before 15 October prior to the commencement of the Quota Year to which this application relates.

The application must be sent to the **New Zealand Meat Board**.

**NAME OF APPLICANT**

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**APPLICANT DETAILS**

ER Number:	Telephone:
Email:	
Postal address:	
Street address:	

Note: Notices by the Board will be sent to the applicant at its postal address or email address given above.

**CONTACT PERSONS**

Specify two people who are authorised to act as agents of the applicant (eg. Chief Executive, Marketing Manager).

Name:
Position:

Name:
Position:

**DECLARATION**

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.
- d. The required participation fee is enclosed.

Signature:
Name (please print):
Position:
Date: