



Producer Code _____

PRODUCER GROUP AGREEMENT 2009

**Please ensure this form is completed in full,
Any sections not completed may result in delayed payment**

Are you an Organic producer? YES NO

PAYMENT DETAILS - Please complete/amend the details as appropriate

Contact Name _____

Trading Name _____

Address _____

*Please attach a BCMS
movement sticker for your farm*

County _____ Postcode _____

Telephone No _____ Fax No _____

Mobile No _____ Email Address _____

Agent (If applicable) _____

FARM ASSURANCE

**All producers must be farm assured to
an approved ABM scheme
(Including Organic producers)**

**Farm
Assurance
Sticker**
*Please attach a
valid farm
assurance
sticker here*

**ADF
Sticker**
**DAIRY
BEEF**
*Please attach a
valid farm
assurance sticker
here*

Please Note
NDFAS Only
valid for
calves under
100 days and
dairy cows
over **30th mths**

HAULAGE

OWN CONTRACTED HAULIER

Name of Haulier: _____ ABM No: _____

PLEASE INDICATE WHICH SITE(S) YOU SUPPLY

| | |
|--------|--------------------------|
| Perth | <input type="checkbox"/> |
| Orkney | <input type="checkbox"/> |

OFFICE USE ONLY

| | | | |
|-------------------|--|------------|--|
| Date Received | | Log Number | |
| Geographical Area | | | |

FEEDSTUFFS

I declare that for the period of residency on my farm, the animals supplied to ABP are fed a diet that contains GM/ Non GM ingredients (including all forages, compounds and straights) – Please tick as appropriate and indicate the finishing diet of your cattle below

Diet may contain GM feed
 NON GM diet

| | HOME GROWN <input checked="" type="checkbox"/> | BOUGHT IN <input checked="" type="checkbox"/> | SOURCE (If bought) |
|--|---|--|-----------------------|
| FORAGE | | | |
| Grass | | | |
| Grass Silage | | | |
| Maize | | | |
| Maize Silage | | | |
| Hay | | | |
| Whole Crop Silage | | | |
| Straw | | | |
| | | | |
| | | | |
| STRAIGHTS | | | |
| Wheat | | | |
| Barley | | | |
| Distillers | | | |
| Sugar Beet | | | |
| Potatoes | | | |
| Molasses | | | |
| Soya | | | |
| | | | |
| | | | |
| | | | |
| BY- PRODUCTS | | | |
| | | | |
| | | | |
| | | | |
| CONCENTRATES | | | |
| | | | |
| | | | |
| | | | |
| PLEASE ATTACH A FEED LABEL OF ALL CONCENTRATES USED | | | |

Soya will only be accepted as Non GM, if a Declaration of Origin confirming this is supplied.

Please be aware that feeding vegetables/waste by-products (High risk – Onions, Leeks and Garlic) may taint meat. This is only known post slaughter and can result in carcasses not being processed for consumption. If you are unsure about your feed, please contact a member of the livestock team.

OTHER INFORMATION

Please indicate as appropriate

Are you a member of any environmental schemes? YES NO

If yes, please state (example:ELS) _____

Do you farm on a National Trust property? YES NO

I give permission for ABP to attain access to my Farm Assurance/Livestock Transport Audit, through the relevant certification body. This will only be used for internal use at the time of a plant audit and for this purpose only.

All the information provided is accurate to the best of my knowledge. I have read and fully understand ABP's terms and conditions and agree to abide by them.

PRODUCERS SIGNATURE: _____ **DATE:** _____

Please use the below checklist to ensure that the form has been filled out correctly, and the appropriate stickers and certificates attached:

- 1 **Payment Details – BCMS Sticker attached**
- 2 **Haulage Details**
- 3 **Farm Assurance – Sticker attached**
- 4 **Organic Certification – Organic Certificate enclosed**
- 5 **Farm Information**
- 6 **Feedstuffs – Attached labels if appropriate**
- 7 **Other Information**
- 8 **Signature**