

| HORTICULTURE LEVY DECLARATION | Fresh produce vendors ONLY

(Mandatory form for new suppliers doing business with Woolworths as of 1st May 2018)

Please ensure this form is printed and completed on YOUR COMPANY LETTERHEAD

If Woolworths is NOT the first purchaser of this product, please also complete and attach the Exemption Certificate on the page following this agreement.

Date: _____

Business Manager Name: _____

Postal Address Name: 1 Woolworths Way
BELLA VISTA NSW 2153

Phone No: (Desk Extension or Mobile Contact)

Fax No: (02) 8885

To Head of Trade Produce, Woolworths Supermarkets,

We have agreed to supply Woolworths with Fresh Produce.

Woolworths IS / IS NOT the first purchaser of the Fresh Produce we supply (please cross out whichever does not apply).

Woolworths Note: If Woolworths is not the first purchaser, please fill out the Exemption Certificate on the following page.

Regards,

Name: _____

Signed: _____

Position: _____

Vendor Name: _____

Vendor Address: _____

Contact Number: _____

| EXEMPTION CERTIFICATE | Fresh produce vendors ONLY

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EXEMPTION CERTIFICATE - COMMONWEALTH HORTICULTURE LEVY

Dear Supplier,

As a first purchaser or intermediary (for example market agent) of leviable product, we have a liability to forward levy to the Commonwealth on behalf of the producers on a diverse range of Horticulture Products. We recognise that we could be buying product from other first purchasers or intermediaries from whom we should not be withholding levy. To ensure that we withhold the levy from the correct person, would you please complete and return this form to us within 14 days.

We will interpret a non-response to this request as an acceptance that all product supplied by you is leviable and we will deduct the correct levy from your funds.

Commonwealth Levy is NOT to be withheld from our payments, our **LRS Account No** is: _____

Business Details

Grower/Producer Packhouse Agent/Wholesaler Exporter
 Co-op Other

Business / Organisation _____

Name: _____

ABN: _____

Address (Principal place of business): _____

Postal Address (Address for sending ALL correspondence etc): _____

Contact Person's Details

Name: _____ Role (i.e. Owner /Clerk): _____

Email Address: _____ Phone No: Fax No: _____

Commodities (i.e. The types of Fruit & Vegetable you supply) please tick appropriate box/s

Potatoes	<input type="checkbox"/>	Almonds	<input type="checkbox"/>	Citrus	<input type="checkbox"/>	Nashi	<input type="checkbox"/>
Onions	<input type="checkbox"/>	Avocadoes	<input type="checkbox"/>	Custard Apple	<input type="checkbox"/>	Passionfruit	<input type="checkbox"/>
Pears	<input type="checkbox"/>	Cherries	<input type="checkbox"/>	Honey	<input type="checkbox"/>	Stone Fruit	<input type="checkbox"/>
Persimmons	<input type="checkbox"/>	Papaya	<input type="checkbox"/>	Lychees	<input type="checkbox"/>	Table Grapes	<input type="checkbox"/>
Apples	<input type="checkbox"/>	Chestnuts	<input type="checkbox"/>	Macadamia Nuts	<input type="checkbox"/>	Rubus	<input type="checkbox"/>
Mangoes	<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Details: _____			

Full Name of Declarant (if an individual) or authorized representative of Declarant (if a body corporate or trading trust)

Mr / Mrs / Ms / Miss / Dr:

Signature:

Date:

Designation: