

MARKETING ORGANISATION LTD

A.B.N. 84 002 591 737 Phone 02 6959 2988 Fax 02 69593004

| Is shearing complete? | Yes No |
|---------------------------|-------------|
| Total Bales this Shearing | |
| Delivered to | Rec. Centre |

| Please comp | plete this form carefully and forward by fax | or mail to AMMO or insert inside your first bale | | | | |
|-------------------------------------|--|--|--|--|--|--|
| BRAND | | PROCEEDS INSTRUCTIONS | | | | |
| RMS Cert on file plea | se tick (office use) | CHEQUE TO OWNER (COST \$5) Yes/ No ON | | | | |
| TRADING NAME | | Or EFT Yes No S | | | | |
| A.B.N. | | *Bank/Cr Un/Bid Soc N BranchBSB No/ M | | | | |
| Postal Address. | | Account No E | | | | |
| Town Phone No. () | | Account Name Truction of the control of the | | | | |
| EMAIL (| | Classed — Date O | | | | |
| Date | GST Registered? YES /NO | Classer's Signature T Classers Name E | | | | |
| KempFree/ Vegetable Fault Approx. | Please check the appropriate box below | (If no box is checked, advance will not be paid) | | | | |
| NF/Light/Med FNF/Light/Med Kgs. | 1A Yes I would like to receive a | an advance No, I do not require | | | | |

| | Delivered | ιο | | Date | | | | GST Registered? TES/NO | | | | Classers Name | | | |
|---|-----------|-------|------------------|-----------------------------|----------------------------|----------------------------------|-----------------|--|-------|------------------|-----------------------------|---------------------------|-------------------------------|---|--|
| L | Bale No | Layer | Your Description | Shearing (I.e. 1st, 2nd) | KempFree/ FNF/Light/Med | Vegetable Fault FNF/Light/Med | Approx. Kgs. | Please check the appropriate box below. (If no box is checked, advance will not be paid) 1AYes I would like to receive an advance No, I do not request payment (\$5/Kg) if applicable on receiving and an advance 1B an advance payment (\$5/Kg) on classing payment on this occurrence. | | | | | | do not require an advance t on this occasion. | |
| Α | | | | | | | | Bale No | Layer | Your Description | Shearing (I.e. 1st, 2nd) | KempFree FNF/Light/Med | Vegetable Fault FNF/Light/Med | Approx Kgs. | |
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NOTE: WHEN FILLING IN CLASSING DETAILS, YOU MUST COMPLETE THE SHEARING / AGE GROUP DETAILS.