



ABN: 99 004 637 049

- Cnr Grand & Rowan Streets, Ararat Vic 3377.  
Tel: (03) 5352 2879 Fax: (03) 5352 4365
- 33-47 Dohertys Road, Laverton North Vic 3026.  
Tel: (03) 9369 2077 Fax: (03) 9360 9196
- Murray Valley Highway, Yarrawonga Vic 3730.  
Tel: 0418 369 119 Fax: (03) 5743 3278
- 111 Lodge Road, Hamilton Vic 3300.  
Tel: (03) 5572 3274 Fax: (03) 5572 1601

<b>FARM BRAND</b> Trading Name:..... Contact Name:..... Postal Address:..... .....P/Code..... Ph/Mob.....Fax:..... Email:.....	<b>Proceeds Instructions</b> By Cheque: YES <input type="checkbox"/> NO <input type="checkbox"/> <b>OR</b> A/C Name: _____ Bank: _____ BSB: _____ A/C No: _____ <b>Offering Instructions</b> 1st Available <input type="checkbox"/> Test & Hold <input type="checkbox"/>	<b>Shearing Details</b> Is this shearing complete? YES <input type="checkbox"/> NO <input type="checkbox"/> Date shearing completed: ____ / ____ / ____ No. of bales in this consignment: _____ Est. No. bales in this shearing: _____ Qual. Scheme(s): _____ <b>ABN:</b> _____ <b>GST Reg:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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Office Use Only	No. of Bales	Bale Description	Bin Code	Bale Numbers															Mob #'s	Classer's Comments	
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
Lot/Sale																					

The NWD is to be completed by the Owner/Manager. See definitions, background and guidelines.										NWD V4.0, March 2011					<b>WOOLCLASSER DETAILS</b>				
<b>NATIONAL WOOL DECLARATION</b> (Mulesing Status, Merino Dark and Medullated Fibre Risk and Record of Chemical Use for Sheep Mobs)															 we know wool				
Does this property qualify for Ceased <sup>1</sup> Mulesing <sup>2</sup> status? YES <input type="checkbox"/> or NO <input type="checkbox"/> (please tick).																			
Has a record of Chemical Use <sup>4</sup> for the Sheep on this Property been kept? YES <input type="checkbox"/> or NO <input type="checkbox"/> (please tick).																			
Mob No.	Mob Breaks/Bale Ranges	Age Code	Breed Code	Sex Code	Contact <sup>5</sup> with Shedding Breeds <sup>5</sup> (Y/N)	Mob Crutched (Y/N)	Crutched within 3 mths prior to Shearing (Y/N)	Mob Mulesed <sup>1</sup> (Y/N)	Was pain relief used <sup>3</sup> (Y/N)	Wool Quality/Growth	Wool Length (mm)	VM (Lo, Med or Hi)	Comments/Matching Mob Info		<b>Registration No:</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>				
															<b>Name:</b> _____ <b>Signature:</b> _____ <b>Ph/Mobile:</b> _____ <b>Address:</b> _____ _____				
By signing this Declaration, I warrant that (a) I am authorised to complete this Declaration and I confirm that all details contained in it are true and correct, having made all reasonable enquiries and (b) I submit to the Integrity Program comprising random desk audits and on farm inspections.																			

**PIC Number:**



**Owner/Manager Name:** \_\_\_\_\_ **Owner/ Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_