

NEW ZEALAND MEAT BOARD
 Sheepmeat and Goatmeat

SECTION SEVENTEEN

FORM SEVEN

NAME OF CONSORTIUM (For Quota Allowance Allocation Purposes)

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CONSORTIUM DETAILS

Member	Details
Role in consortium (e.g. Owner at time of Slaughter, marketing, ER holder) Contact Person	Postal Address: Street Address: Email: Telephone: Facsimile:
Role in consortium (e.g. Owner at time of Slaughter, marketing, ER holder) Contact Person	Postal Address: Street Address: Email: Telephone: Facsimile:
Role in consortium (e.g. Owner at time of Slaughter, marketing, ER holder) Contact Person	Postal Address: Street Address: Email: Telephone: Facsimile:
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NOMINEE COMPANY

Company (being a member of the consortium) nominated by consortium to hold quota allowance on behalf of the consortium. The nominee company must hold a current Export Registration Certificate.

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Note Notices from the Board for the Consortium will be sent to the nominee at its postal address, facsimile number or email address given on the previous page.

CONTACT PERSONS

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

Name:
Position:

Name:
Position:

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CESSATION OF CONSORTIUM

Upon the consortium ceasing to qualify to be allocated quota allowance, the production history and any existing general quota allowance held on behalf of the consortium are to be distributed in the following manner.

Production History	Share (%)			
Consortium Member Name	PH_{i-3} []	PH_{i-2} []	PH_{i-1} []	PH_i []
	Total 100%	Total 100%	Total 100%	Total 100%

Existing General Quota Allowance

Consortium Member Name	Share (%)
	Total: 100%

Note: Applicants are referred to Section 8 of the Allocation System

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DECLARATION

We are authorised to make this application on behalf of the applicant members of the consortium and can verify that;

- (a) The applicants agree to be bound by the terms of the Allocation System which the applicants have received and which we have read prior to making this application.
- (b) All the statements contained in this application and any attached documentation are to the best of our knowledge true and correct.
- (c) The applicants acknowledge that they will immediately advise the Board in writing of any change to any of the details contained in this application.
- (d) The required participation fee is enclosed.

Consortium Member

Company Name:

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Signature:

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Name: (Please print)

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Position:

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Date:

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Consortium Member

Company Name:

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Signature:

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Name: (Please print)

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Position:

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Date:

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Consortium Member

Company Name:

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Signature:

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Name: (Please print)

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Position:

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Date:

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Consortium Member

Company Name:

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Signature:

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Name: (Please print)

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Position:

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Date:

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