

APPLICATION BY A CONSORTIUM FOR UK BEEF GENERAL QUOTA ALLOWANCE

- This application is made in terms of the Quota Allowance Allocation System in respect of **UK FTA BEEF Tariff Rate Quota** (“Allocation system”).
- Sections 4, 8 and 13 of the Allowance System are of particular relevance when completing this application.
- This application relates to the Quota year from 1 January to 31 December.
- This application must be lodge with the Board on or before 15 October prior to the commencement of the Quota Year to which this application relates.
- The application must be sent to the **Quota Officer at the New Zealand Meat Board.**

NEW ZEALAND MEAT BOARD

UK FTA BEEF

SECTION SEVENTEEN

FORM FIVE

NAME OF CONSORTIUM (for Quota Allowance Allocation purposes)

CONSORTIUM DETILS

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

NEW ZEALAND MEAT BOARD

UK FTA BEEF

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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, or email address given on the pervious page.

CONTACT PERSONS

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

Name:
Position
Email contact:
Phone:

Name:
Position
Email contact:
Phone:

SECTION SEVENTEEN

FORM FIVE

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 (%)			
	PHi-3 []	PHi-2 []	PHi-1 []	PHi []
Consortium Member Number				
	Total 100%	Total 100%	Total 100%	Total 100%

Existing General Quota Allowance

Consortium Member Name	Share (%)
	Total 100%

Note: Applicants are referred to in Section Eight of the Allocation System

SECTION SEVENTEEN

FORM FIVE

DECLARATION

We are authorized 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 correct.
- c) The applicants acknowledge that they will immediately advise the Board in writing of any change to any 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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