

GENESIS QA - ARABLE APPLICATION FORM

HARVEST YEAR 2009/10

I confirm that I have read and accept the terms of the Genesis QA Scheme Regulations and submit the following application for membership. I also understand that my membership includes an application for assessment and certification by Product Authentication International Limited (PAI)

1.	Company or Trading Name:			
2.	Contact Name:			
3.	Contact Telephone No:		4. Fax No:	
5.	Mobile:		6. E-mail:	
7.	Correspondence Address			
		8. Postcode:		
9.	Unit Address (if different from above)			
10.	Holding No:		11. Postcode:	

12. How many crop stores do you own/use? _____

13. Where are these stores located?

Store Name:	Type of Store Silo/bin/floor	Owner & address of store	Distance from main holding

14. What is the total arable hectareage (excluding setaside) of your farm for which assurance is required? _____

15. Please indicate which crops you are planning to grow this season and the approximate hectareage:

16. Barley	17. Beans	18. Linseed	19. OSR	20. Peas	21. Wheat	22. Potatoes	23. Sugar Beet

24. Other – (please specify) _____

25. If you have been assured previously please provide details of your membership number and expiry date:

26. Assurance Scheme Name: _____ **27. Number:** _____ **28. Expiry Date:** _____

29. Additional sites to be included within this application (All sites within a 5 mile radius)

Site Address/es	Postcode	Holding No:

30. Professional Advisers/NRoSO/NSTS Details

Name of Agronomist	BASIS Professional and/or FACTS Professional Registration No:	
Name of Sprayer Operator	NRoSO No:	Contractor Yes/No
Name of Sprayer Operator (2)	NRoSO No:	Contractor Yes/No
Make & Model of Sprayer <i>(If contractor's machine please include name and address of owner)</i>	NSTS Registration No.	Expiry Date

I confirm that I am the applicant/authorised representative of the applicant, and that I/we will ensure that the requirements of the Genesis QA Scheme are introduced and maintained on the farm/s as specified above.

I confirm that the applicant has neither been prosecuted, nor has any legal prosecutions pending against the applicant that may affect membership of the Scheme.

I confirm that I know who owns the land that I farm and confirm that I have the right to grow crops on that land and to sell the crops that are grown on that land.

Signed: _____

Date: _____

Capacity of signatory: Owner/partner/agent/other (please specify) _____

Genesis QA takes the privacy of your personal data very seriously and will hold your details in accordance with the Data Protection Act 1988. A full copy of our Data Protection Policy is available on request.

Genesis QA reserves the right to pass your personal data for internal marketing purposes within the Leavesley Group and its associate and subsidiary companies (mainly for surplus equipment trading and containers). If you do not wish to receive this information please tick this box.

**Please return this application form together with payment to:
Genesis QA, Ryknield House, Alrewas, Burton on Trent. DE13 7AB**

**Should you require advice or assistance in completing this form please contact us on:
01283 791400 or e-mail: info@genesisqa.com**