

## GENESIS QA - BEEF/SHEEP APPLICATION FORM 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<br><i>(if different from above)</i> |              |               |  |
| 10. | Holding No:                                      |              | 11. Postcode: |  |

12. What is your DEFRA Herd Number? \_\_\_ / \_\_\_ / \_\_\_

13. What is your DEFRA Flock Number: \_\_\_ / \_\_\_ / \_\_\_

14. What is the total number of cattle on your unit/s? \_\_\_\_\_ Breed: \_\_\_\_\_

Bulls: \_\_\_\_\_ Suckler cows: \_\_\_\_\_ Young/fatstock: \_\_\_\_\_

15. What is the total number of sheep on your unit/s? \_\_\_\_\_ Breed: \_\_\_\_\_

Breeding Rams: \_\_\_\_\_ Ewes: \_\_\_\_\_

Lambs/fatstock: \_\_\_\_\_

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

17. Assurance Scheme Name: \_\_\_\_\_ 18. Number: \_\_\_\_\_ 19. Expiry Date: \_\_\_\_\_

20. Additional sites to be included within this application( all sites must be within a 5 mile radius)

| Site Address/es | Postcode | Holding No: |
|-----------------|----------|-------------|
|                 |          |             |

**21. Please supply details of the veterinary practice that you use:**

| <b>Practice Name:</b> | <b>Address:</b> | <b>Name of Veterinarian</b> |
|-----------------------|-----------------|-----------------------------|
|                       |                 |                             |

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.

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.

If you would like to receive information about insurance products 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:**

**Tel: 01283 791400  
Fax: 01283 791500  
E-mail: info@genesisqa.com**