

CONTACT DETAILS

Fax: _____

Contact Name: _____ Email: _____

Business Name: _____ Processing Plant: _____

Brand Name (if different): _____

Address: _____

Phone: _____

Mobile: _____

Dual entry: Yes No

If yes, provide farmer details: _____

Accounts contact name: _____

(if different to above) _____

Accounts contact email address: _____

ENTRY DETAILS (please complete all fields)

Please complete all fields - traceability must be provided to be eligible as a semi-finalist.

NB: Carcass weight must be within 180-360kg, minimum age 12 months.

CLASS (7 OR 8)	BREED	NAIT NUMBER (FOR EACH INDIVIDUAL ANIMAL)	AHB NUMBER	FARM ORIGIN	AGE (MONTHS)	SEX (H/S)	DUAL ENTRY (Y/N)

Total amount to be paid (\$100 per entry): _____

PAYMENT OPTIONS:

- Cheque**
- Credit Card** (we will send you a payment link)
- Direct Credit:** Account Number: 02 0272 0434662 00
(Please put your name and "SOO" in the reference)

Send this form along with \$100 (incl. GST) per entry by Wednesday 14 February, 2018 to:
Kelly Harvey, Beef + Lamb New Zealand Inc. PO Box 33 648, Takapuna, Auckland 0740,
fax to (09) 489 7164 or email kelly@beeflambnz.co.nz

OFFICE USE ONLY

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