

FORM C - COMMONWEALTH HORTICULTURE LEVY EXPEMPTION



As a first purchaser or intermediary (example: market agent) of a leviable product, we have a liability to pay levy to the Commonwealth on behalf of the producer on a diverse range of Horticulture Products. We recognise that we could be buying product from other first purchasers or intermediaries upon which we should not be paying levy. To ensure that we pay levy on behalf of the correct person and subsequently claim the payment back, would you please complete and return this form to us within 14 days.

We will interpret a non-response to this request as an acceptance that all product supplied by you is leviable and we will pay levy on your behalf and deduct the appropriate amount from funds due to you

Commonwealth Levy is NOT to be paid on our behalf, our LRS Account No is

Business Details:

Producer Packhouse Wholesaler Exporter Co-op Other _____

Business/Organisation Name _____

ABN _____ ACN _____

Address (Principal place of business) _____

Postal Address (Address for sending ALL correspondence etc) _____

Contact Person's Details

Name _____ Title _____

E-mail Address _____ Phone No _____ Fax No _____

Commodities (i.e. types of fruit & vegetable you supply) please tick appropriate box/s

Almonds	<input type="checkbox"/>	Apples	<input type="checkbox"/>	Avocado	<input type="checkbox"/>	Cherry	<input type="checkbox"/>
Chestnut	<input type="checkbox"/>	Citrus	<input type="checkbox"/>	Custard Apple	<input type="checkbox"/>	Lychee	<input type="checkbox"/>
Macadamia	<input type="checkbox"/>	Mangoes	<input type="checkbox"/>	Nashi	<input type="checkbox"/>	Onion	<input type="checkbox"/>
Papaya	<input type="checkbox"/>	Passionfruit	<input type="checkbox"/>	Pears	<input type="checkbox"/>	Persimmons	<input type="checkbox"/>
Potato	<input type="checkbox"/>	Rubus	<input type="checkbox"/>	Stone Fruit	<input type="checkbox"/>	Table Grapes	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Details*	_____		

NOTE: GIVING FALSE OR MISLEADING INFORMATION IS AN OFFENCE

I declare that, to the best of my knowledge and belief, the information supplied on this form is correct in every essential detail

Full Name of declarant Mr/Mrs/Ms/Miss/Dr _____

Signature _____ Date _____

Designation _____

Internal use: Copy to Karla (for National Suppliers only)