

WOOLCLASSER'S SPECIFICATION

NWD V6.0 November 2013

<div style="border: 1px solid black; padding: 2px;"> Techwool Trading </div> <p>☎ (03) 9368 8000 ☎ (03) 9368 8020 📧 store@techwool.com.au</p> <p>290 Boundary Road, Laverton North 3026 Truck entry via Fitzgerald Road (Postal - PO Box 437, Laverton Vic 3028) Delivery Centre</p>	Farm Brand	Payment Instructions	Shearing Details
	Trading Name	Bank	Shearing complete? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ABN GST Reg (Y/N)	A/C Name	Date completed
	Contact Name	BSB	No. of Bales in consignment
Postal Address	A/C No	Est No. Bales in this shearing	
Phone Fax	Offering Instructions	Quality Scheme(s)	
Email	1st Available <input type="checkbox"/> Other	Purchase Account	

(Office Use Only) Lot Number	AM	Mob No.	Number of Bales	Bale Description	1	2	3	4	5	6	7	8	9	10	11	12	Classer's Comments
Total Bales																	

The NATIONAL WOOL DECLARATION (NWD) for Mulesing Status and Merino Dark & Medullated Fibre Risk for Sheep Mobs. <i>(See Instructions, Definitions & Codes)</i> For the NWD to be valid, this section must be completed and signed by the Owner/Manager										WOOL CLASSER Registration No. <input style="width: 40px;" type="text"/>			
NM All sheep in this mob have not been mulesed PR All sheep in this mob were mulesed with a registered Pain Relief Product M Some or all of the sheep in this mob have been mulesed										Name <input style="width: 100%;" type="text"/>			
Mob No.	Mob Break / Bale Ranges	Age Code	Breed Code	Sex Code	Contact with Shedding Breeds (Y/N)	Mob Crutched (Y/N)	Crutched within 3m prior to shearing? (Y/N)	Mulesing Status (NM, PR or M)	Wool Length (mm)	VM (Lo, Med or Hi)	Comments / Matching Mob Info	Signature <input style="width: 100%;" type="text"/>	
												Ph/Mobile <input style="width: 100%;" type="text"/>	
Has mulesing ceased on this property (i.e. no lamb born on this property in the last 12 months has been mulesed) YES <input type="checkbox"/> NO <input type="checkbox"/>												BY SIGNING THIS DECLARATION, I WARRANT THAT (A) I AM AUTHORISED TO COMPLETE THIS DECLARATION AND I CONFIRM THAT ALL DETAILS CONTAINED IN IT ARE TRUE AND CORRECT, HAVING MADE ALL REASONABLE ENQUIRIES AND (B) I SUBMIT TO THE INTEGRITY PROGRAM COMPRISING RANDOM DESK AUDITS AND ON FARM INSPECTIONS.	
PIC Number <input style="width: 100%;" type="text"/>			Owner/Manager Name					Signature			Date		

FAX THIS END FIRST

ORIGINAL

