



Please fax to (08) 9434 1604

Please Ensure National Wool Declaration is Completed

BRAND

TRADING NAME:
 POSTAL ADDRESS:
 P/CODE:
 PHONE: FAX:
 MOBILE: DATE:
 EMAIL ADDRESS:
 Is Shearing Complete: YES NO (Circle one)
 Please advise No. of bales this shearing:

*** Owner or Manager, please Complete this Section.**

PROCEEDS INSTRUCTIONS: SALE INSTRUCTIONS:
 BANK BSB No: Offer when Clip Complete
 Account No: First Available Sale
 ABN No:
 GST Registered YES NO (Circle one) HOLD FOR SALE Sale No.....

OFFICE USE ONLY	Client Code:	Warehouse:
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CLASSERS REGISTERED No:

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CLASSERS NAME:
 POSTAL ADDRESS:
 P/CODE:
 PH: SIGNATURE:

PLEASE FAX THIS END FIRST

OFFICE USE ONLY	A/M	Mob No.	Bales	Description	1	2	3	4	5	6	7	8	9	10	11	12	OFFICE USE ONLY	Bin Code	Classer's Comments
																	Mulesing Status CM/NM/PR ⁴		

Total Bales This Report *Please use BLACK INK and PRINT CLEARLY
 Wool described is forwarded for sale by you under the conditions of sale and the Wool Selling Regulations in force at the time of sale.
 NOTE: LINES OF THE SAME DESCRIPTION FROM DIFFERENT MOBS MAY BE LOTTED TOGETHER AT THE BROKER'S DISCRETION UNLESS SPECIFIED ABOVE.

National Wool Declaration

For Mulesing Status, Merino Dark and Medullated Fibre Risk for sheep mobs, see Instructions, Definitions and Codes.
 For the NWD to be valid, this section must be completed and signed by the Owner/Manager.
 Has Mulesing¹ Ceased² (CM) on this property? YES or NO

Mob No.	Mob Breaks Bale Ranges From - To	Age Code	Breed Code	Sex Code	Contact ⁵ with Shedding Breeds ⁶ (Y/N)	Mob Crutched (Y/N)	Crutched within 3mths prior to shearing (Y/N)	Mulesing ¹ Status Code NM ³ or PR ⁴ (If applicable)	Wool Quality			Wool Growth (mths)	Average Length (mm)	VM Quantity			VM Code
									Fine	Med	Strong			Light	Med.	Heavy	
	-																
	-																
	-																
	-																
	-																
	-																

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Owner/Manager Name										Owner Manager Signature					Date			