

APPLICATION FORM FOR REGISTRATION OF SUCCESSION FARM PARTNERSHIP

PART I: PARTNERSHIP DETAILS

Farm Partnership Name:

Farm Partnership Address:

Farm Partnership Number:

Farm Partnership Email:

Farm Partnership telephone No:.....

PART II: "FARMERS" DETAILS

Name:

Address:

Date of birth: PPSN:

Email:

Telephone Number:

PART III: "SUCCESSORS" DETAILS

Name:

Address:

Date of birth: PPSN:

Email:

Telephone Number:

Date of proposed transfer of assets under succession agreement:

We the undersigned wish the above Registered Farm Partnership to be included on the Succession Farm Partnership.

Farmer: Date:

Successor: Date: