

## Freshcare - New Business Registration Form Sustainability: Viticulture/ Winery

I/We							
(Business name)				(Trading Name (if different))			
(ABN / ACN)							
Apply to participate in the Freshcare On-Farm Assurance Program, and undertake to comply with all requirements of the Program for the purposes of certification as advised from time to time.							
Name of signatory (please print):							
Signature: Date:							
A fee of \$150.00 + GST is applicable with this application for Freshcare registration.							
Contact Details							
Title:	First Name:	rst Name:		Surname:			
Phone: ( )		Fax: ( )		Position:			
Mobile:			Email:				
Site/Farm Address:							
Suburb:				State:		Postcode:	
Postal Address:							
Suburb:			State:		Postcode:		
Business Deta	ils						
Please List Crops	s Grown/Packed	l:					
Please Circle Harvest Months for your Business:							
<b>ALL</b> Jan Fe	eb Mar Apr	May	Jun Jul	Aug Sep	Oc	t Nov Dec	
Please Select the	e Following Cate	egories you Re	quire Certifi	cation for:			
☐ Coffee ☐ Flowers & Foliage ☐ Fodder Crops ☐ Fresh Produce							
☐ Fresh Produce for Processing ☐ Nut in Shell ☐ Tea ☐ Wine Grapes							
Please Tick the Scope that best Describes your Enterprise:							
<b>□</b> Grower	ī	<b>□</b> Packer		■ Winery	□ Vi	ticulture	

## **Freshcare Training Details**

Please tick and provide details for the Freshcare Training Courses that have been completed:				
☐ Freshcare Environmental	Trainee:			
Trainer:	Training Date:			
☐ Freshcare Sustainability – Viticulture	Trainee:			
Trainer:	Training Date:			
☐ Freshcare Sustainability – Winery	Trainee:			
Trainer:	Training Date:			

## **Additional Training Manuals (Optional)**

\*\* If you require a new Freshcare Manual, please visit our eStore:

https://www.freshcare.com.au/shop/

## **Payment Details**

Registration Fee	\$ 165.00 (Inc. G	ST)					
Total Payable	= \$ 165.00 (Inc. G	<u>ST)</u>					
☐ EFT PAYMENT — Please contact Freshcare on 1300 853 508 for bank details.							
CREDIT CARD PAYMENT □ Visa □ Master Card to be charged for total \$							
Card Number: / _		/					
Expiry Date: Card Holder Name:							
Signature:							