

**Application Form For**



**Scottish Quality Crops**

**2017**

Acoura

6 Redheughs Rigg

South Gyle

Edinburgh

EH12 9DQ

Tel: 0131 335 6604 Fax: 0131 335 6601

Email: sqc@acoura.com

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| --- | --- | --- |
| Application review carried out by | Date | Undertake requested certification work  (if No, record reason) |
|  |  | YES / NO |

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| Scottish Quality Crops Application Form | Issue 7 Rev 0 | October 2016 |

The undernoted wishes to apply for registration under the Acoura Certification Scheme on behalf of Scottish Quality Crops (SQC).

**BUSINESS DETAILS (Note: Business address details will be printed on the grain passports)**

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| --- | --- | --- | --- |
| Business Name: | | | |
| Address: | | | |
|  | | | Postcode: |
| Tel: | Fax: | | Mobile: |
| Email: | | CPH No: | |

**CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| Contact Name: | | |
| Address: | | |
|  | | Postcode: |
| Tel: | Fax: | Mobile: |
| Email: | | |

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| Have you previously been a member of SQC or any other combinable crop certification scheme? YES/NO If YES, what was your number? .…………… If other scheme – Name of scheme ………………….  QMS - Cattle & Sheep No: ……….. Safe Haven No: ……….. RTA FP No: ………..  *Does Acoura Certification or any other company within the Acoura Group* [*www.acoura.com*](http://www.acoura.com) *currently provide you with services or certification? If so, please provide details* *…………………………* |

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| Name of Adviser:     ………………………………………. Basis Number:     ………………….  (if applicable) |
| Facts Number      ………………. |
| Spray Operator:      ……………………………………….. |
| Certificate of Competence Number:      ………………… NRoSO Number:      ………………….. |

**Do you require a copy of the current SQC scheme standard? YES / NO** (Updated September 2016)

It is a condition of the scheme that all applicants must sign the following declaration that they will abide by the terms of the Scheme.

**DECLARATION**

I (the undersigned) have read the requirements which pertain to the Acoura Certification Scheme operated on behalf of SQC. I am fully responsible for the operation of this unit(s) declared, and hereby wish to apply to join the SQC Scheme.

If accepted I agree to abide by the conditions of membership as detailed in the Acoura Certification Regulations and SQC standards, as amended from time to time as detailed in the Acoura Certification Regulations.

I declare that I KNOW/DO NOT KNOW **(please delete as appropriate and give details if relevant below)** of any current, past (within the last five years) or pending prosecutions relating to my business activities at the time of applying for membership of the scheme. Failure to provide any relevant information may result in refusal or termination of membership.

Details of any prosecution within the last 5 years must be declared below:

…………………………………………………………………………………………………………………………………………………

I agree to abide by the terms & conditions of the scheme, undertaking to inform Acoura immediately if, for whatever reason the requirements of the scheme can no longer be conformed to. I will notify Acoura of any major changes to the company’s business or changes to products prior to these being put on the market.

I agree that the unit(s) will be assessed by an Acoura assessor appointed to the scheme. I understand and agree that my membership details (membership number, business details and approved statue) will be circulated to Grain Merchants, Grain Groups and the SQC Website for the purpose of verification of the assurance status of my business.

I declare the information given on this form is correct at time of application.

Signature       ……………………………………....................... Position      ……………………………………………..

Print Name      …………………………………………..………. Date      ………………………………………………..

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| --- | --- | --- | --- | --- |
| Address | Distance | CPH No | Cereals Stored | Cereals Grown |
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| Address | Distance | CPH No | Cereals Stored | Cereals Grown |
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| Address | Distance | CPH No | Cereals Stored | Cereals Grown |
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| Address | Distance | CPH No | Cereals Stored | Cereals Grown |
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Addresses of any other farm united used in conjunction with crop membership: Please tick

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| --- | --- | --- | --- | --- |
| Address | Distance | CPH No | Cereals Stored | Cereals Grown |
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| --- | --- | --- | --- | --- |
| **Address** | **Distance** | **CPH Number** | **Cereals**  **Stored** | **Cereals**  **Grown** |
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**NB There is an additional charge of £60.00 + VAT = £72.00 for each unit over 15 miles from the main unit.**

The annual fee is linked to the size of your crop enterprise as follows:

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| --- | --- | --- | --- | --- |
| **Band** | **Crop Area (Ha)** | **Subscription** | **VAT @ 20%** | **Total** |
| **1** | **Up to 75** | £170.00 | £34.00 | **£204.00** |
| **2** | **> 76 to 200** | £205.00 | £41.00 | **£246.00** |
| **3** | **> 201 to 300** | £255.00 | £51.00 | **£306.00** |
| **4** | **> 301** | £305.00 | £61.00 | **£366.00** |

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| **CALCULATE YOUR SUBSCRIPTION FROM THE TOTAL AREA OF THE FOLLOWING CROPS GROWN** | | | | **FOR INFORMATION ONLY** | |
| **CROP** | **HECTARES** | **CROP** | **HECTARES** | **CROP** | **HECTARES** |
| **Spring Barley** |  | **Spring OSR** |  | **Potatoes** |  |
| **Winter Barley** |  | **Winter OSR** |  | **Vegetables** |  |
| **Spring Wheat** |  | **Peas** |  | **Soft Fruit** |  |
| **Winter Wheat** |  | **Beans** |  | **Other** |  |
| **Spring Oats** |  | **Linseed** |  |
| **Winter Oats** |  | **TOTAL** |  | **TOTAL** |  |
| **Triticale** |  |  |  |

I enclose a direct debit form for: No of Hectares      ……………..………… = **Total £** ……….

Number of Additional Units @ £60.00 + £12.00 (VAT @ 20%) per unit:      ................ = **Total £**……….

**CLOSING DATE FOR APPLICATIONS FOR 2017 HARVEST IS 30 APRIL 2017**

Please note that in certain cases applications may be accepted after the closing date. However, no guarantee will be given that an assessment and certification can be carried out prior to harvest.

**VAT Registration Number: 634 9081 30**

**APPLICATION INSTRUCTIONS**

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| Please complete all details and complete the Direct Debit mandate overleaf. Return the whole form to the SQC Office.  **Please do not send payment by cheque.**  A VAT receipt will be issued when payment funds are drawn from your account. |

Scottish Quality Crops, C/o Acoura, 6 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ

Tel: 0131 335 6604 Fax: 0131 335 6601



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|  | | | | | | | | | | | |  | | Instruction to your bank or building society to pay by Direct Debit | | | | | | | | | | | | | | | | | | | |
| **Please fill in the whole form using a ball point pen and send it to:** | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
| Scottish Quality Farm Assured Combinable Crops Ltd  c/o Acoura  6 Redheughs Rigg  South Gyle  Edinburgh  EH12 9DQ | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
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|  | | **Service user number** | | | | | | | | | | | | | | | | | | | |
|  | | **8** | | **0** | | **7** | | **8** | | **8** | | **6** | |  | |  | |  | | |
|  | |
| **Name(s) of account holder(s)** | | | | | | | | | | | |  | | **Reference (Please insert your membership number)** | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | |  | | **Instruction to your bank or building society**  Please pay Scottish Quality Farm Assured Combinable Crops Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Scottish Quality Farm Assured Combinable Crops Ltd and, if so, details will be passed electronically to my bank/building society. | | | | | | | | | | | | | | | | | | | |
| **Bank/building society account number** | | | | | | | | | | | |  | |
|  |  |  |  |  | | |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | |
| **Branch sort code** | | | | | | | | | | | |  | |
|  |  |  |  |  | | |  |  |  |  |  | |
| **Name and full postal address of your bank or building society** | | | | | | | | | | | |  | |
| To: The Manager | | | | | Bank/building society | | | | | | |  | |
|  | | | | | | | | | | | |  | |
| Address | | | | | | | | | | | |  | | Signature(s) | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Postcode | | | | | |  | | Date | | | | | | | | | | | | | | | | | | | |
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| Banks and building societies may not accept Direct Debit Instructions for some types of account  DDI2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

