

THOMAS FAMILY GUARANTEE:

Contact: Dayna Grey
 Phone: 08 8165 5232 or +61 448 329 987
 Fax: 08 85 329 269
 email: livestockassurance@thomasfoods.com
 Postal: PO Box 1074 Kent Town SA 5071
 ABN: 52 008 178 121

BUSINESS DETAILS:

Are you currently a registered supplier of Thomas Foods International?

Yes No If no, please also attach a completed Vendor Application Form.

Trading Name: _____

Contact Person: _____

Email: _____

Phone: _____

Mobile: _____

Address: _____

City/Town: _____

State: _____

Postcode: _____

Postal Address: _____

(if different)

PROPERTY DETAILS:

PIC/s: _____

MSA Number: _____

AGENT OR BUYER DETAILS:

Name: _____

Company: _____

Phone: _____

APPLICABLE LIVESTOCK (PLEASE TICK):

Cattle

Lambs

ADDITIONAL PROGRAM (OPTIONAL):

If you can supply livestock that will meet the requirements of the following programs as stated in the Thomas Family Guarantee Standards, please select the appropriate program below.

Grass Fed

Grain Fed

Organic

ARE ALL LIVESTOCK ON PROPERTY (PLEASE TICK APPLICABLE):

- Identified if treated with antibiotics
- Raised on open pastures (Free Range)
- Grass Fed
- Organic
- Free from added hormones
- Raised to the Australian Animal welfare Guidelines
- Grain Fed

CAN THE FOLLOWING DOCUMENTATION BE SUPPLIED TO THOMAS FOODS INTERNATIONAL (PLEASE TICK APPLICABLE):

- National Organic Program Certification
- TFI Producers Environmental Policy
- Aus-Meat NFAS Accreditation
- Thomas Family Guarantee* Grass Fed Declaration

IS THE FARM MANAGER WILLING AND ABLE TO PARTICIPATE IN BOTH SECOND AND THIRD PARTY AUDITS?

- Yes
- No
- If no, please state reason why _____

VETERINARY INFORMATION:

Veterinarian: _____
 Address: _____
 City/Town: _____ State: _____ Postcode: _____
 Phone: _____

DECLARATION:

I, _____, hereby declare that the above information is correct and will be stored with *Thomas Foods International* with plant access. I have read and agree to the standards of the *Thomas Family Guarantee* and I understand it is my responsibility to notify the specified agent or *Thomas Foods International* directly if practices become ineligible for the program/s.

I give permission for Thomas Foods International to share my contact details with the Thomas Family Guarantee program partners AgriWebb, Shearwell and Leader Products to receive exclusive offers as a member of the Thomas Family Guarantee.

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____/_____/_____ TFG Number: _____

ADDITIONAL PROGRAM:

Grass Fed Grain Fed Organic

LIVESTOCK:

Cattle Lambs

Approved by: _____ Signed: _____