

# Redemption Form

## Better Choices Advocate



Please print and complete the following form to make your redemption.

**First Name**

**Surname**

**Phone Number**

**Total number of litres claimed**

Litres

**Accreditation ID Number** If not accredited, please tick the box.

**Non-Accredited**

**Street Address**

**Suburb**

**State**

**Postcode**

Note: This is where your pre-paid VISA card will be delivered.

**Signature**

**Date**

Please make sure to attach a copy of your tax invoice/s. If you don't have access to them, please fill in the **Contractor's Declaration of Treatment** form on the following page.

Please attach a copy of your  
**2011 tax invoice/s**



**OR**

Please fill in the form on the following page:  
**Contractor's Declaration of Treatment**

Post the completed form with a copy of your 2011 tax invoice/s OR Contractor's Declaration of Treatment to:

**BCA Program**  
**PO BOX 903**  
**PYMBLE NSW 2073**

### For office use only

Tax Invoices Validated

Total number of litres claimed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Bayer Australia Ltd. ACN 000 138 714  
875 Pacific Highway, PYMBLE NSW 2073  
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BCA001

# Contractor's Declaration of Treatment

## Better Choices Advocate



Please print and complete the following form if you are unable to obtain a copy of a 2011 tax invoice/s.  
Acceptance of claim is at Bayer's discretion.

**Total number of lambs mulesed**

**Date of treatment**

**Total number of litres claimed**

Litres

**Producer First Name**

**Producer Surname**

**Property Name**

**Street Address**

**Suburb**

**State**

**Postcode**

I declare that I was contracted by the above party to treat their lambs with pain relief and that the information provided above is true and accurate.

**Signature**

**Date**

