

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

