

# EU SPECIAL BEEF PREMIUM SCHEMES 2004

Application form

(1 January 2004 to 31 December 2004)

Please read the enclosed Terms & Conditions/Helpsheet before completing this form

## SB2004

**BLOCK CAPITALS PLEASE**

HERDOWNER \_\_\_\_\_

FULL HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU HAVE AN E-MAIL ADDRESS PLEASE QUOTE HERE \_\_\_\_\_

**BTE HERDNUMBER**

Letter	Numbers						
1-8							

**SCHEDULE 1**

LOCATION(S) WHERE THE ANIMALS ON THIS APPLICATION WILL BE MAINTAINED FOR THE RETENTION PERIOD ON MY LANDS AS DECLARED ON MY 2003 AREA AID APPLICATION 2003

**WHERE 2004 AREA AID DECLARATION IS ALREADY SUBMITTED** Enter Yes in one box only

ON MY LAND AS DECLARED ON MY 2004 AREA AID APPLICATION 2004

IF AT ANOTHER LOCATION STATE TOWNLAND OR AREA NUMBER OF PARCEL (If available) \_\_\_\_\_

If you are moving any of the animals applied on to another location, you must inform the Special Beef Premium Unit in advance in writing.

Please state up to two places where all your animals can be inspected \_\_\_\_\_

\_\_\_\_\_

PLEASE ENCLOSE PASSPORT/CATTLE IDENTITY CARDS FOR ANIMALS NOW BEING SUBMITTED FOR PREMIUM.

**SCHEDULE 2**

**CASTRATED MALE ANIMALS (Do not list tagnumbers unless restricted herd)**

A. I wish to apply for First Age (9 Month) and Second Age (21 Month) premium on  castrated male animals.  
24-26

**BULLS**

B. I wish to apply for Bull Premium on  non castrated male animals.  
27-29

You must list the tagnumbers of the bulls being applied on in the spaces below (Additional tagnumbers may be listed on SB2004A) Do not list tagnumbers of the animals being submitted for First Age (9 Month) and Second Age (21 Month) Premium.

**BULLS ONLY**

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1. <input type="text"/>	6. <input type="text"/>	11. <input type="text"/>
2. <input type="text"/>	7. <input type="text"/>	12. <input type="text"/>
3. <input type="text"/>	8. <input type="text"/>	13. <input type="text"/>
4. <input type="text"/>	9. <input type="text"/>	14. <input type="text"/>
5. <input type="text"/>	10. <input type="text"/>	15. <input type="text"/>

TOTAL (A+B) NUMBER OF ANIMALS I WISH TO APPLY ON IS   
30-32

I HAVE ENCLOSED  CATTLE IDENTITY CARDS IN RESPECT OF THESE ANIMALS.

IS YOUR HERD RESTRICTED    
(PLACE ✓ IN ONE BOX) YES NO  
If Yes, complete form SB2004A

I WISH TO APPLY FOR SPECIAL BEEF PREMIUM ON THE ABOVE ANIMALS. I AM AWARE OF THE TERMS & CONDITIONS OF THE SCHEMES AND I AGREE TO BE BOUND BY THEM. I FURTHER AGREE THAT THE ANIMALS CONCERNED MAY BE PROCESSED FOR WHICHEVER TRANCHE OF THE SCHEME THEY ARE DEEMED ELIGIBLE. I HEREBY MAKE THE DECLARATIONS AND GIVE THE UNDERTAKINGS REQUIRED BY THE TERMS & CONDITIONS OF THE SCHEMES. I FURTHER DECLARE THE INFORMATION ON THIS FORM TO BE CORRECT, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. IN PARTICULAR, I UNDERTAKE TO MAINTAIN THE CATTLE IN QUESTION FOR AT LEAST TWO MONTHS FROM THE DAY AFTER THE DATE THIS APPLICATION IS RECEIVED BY THE DEPARTMENT OF AGRICULTURE AND FOOD.

SIGNATURE: \_\_\_\_\_ DATE:  PHONE NO. -

PPS NO.  MOBILE NO. -

If your Personal Public Service Number (previously know as your RSI number) is not correct or is not shown above you must now declare it. See checklist.

PLEASE COMPLETE APPLICATION FORM FULLY AND RETURN TOP SHEET WITH THE CATTLE IDENTITY CARDS TO THE SPECIAL BEEF PREMIUM UNIT, DEPARTMENT OF AGRICULTURE AND FOOD, GOVERNMENT OFFICES, PORTLAOISE, CO. LAOIS, BETWEEN 1 JANUARY AND 31 DECEMBER 2004.