



2021/22 CSD INDUSTRY SUPPORT PROGRAM LATE REGISTRATION FORM

Please scan and email back cbarry@csd.net.au

AGENT DETAILS

Agency: _____ Agent email: _____
CSD E&D Agronomist: _____ CSD E&D Agronomist signature: _____

GROWER DETAILS

Name: _____ Entity name: _____
ABN: _____ Email: _____
Phone: _____

FIELD DETAILS

Farm name: _____ Row configuration: _____
Agent invoice number: _____

I confirm that the following seed lot(s) have been purchased at regular order price as required under the terms and conditions.

VARIETY DETAILS

Variety #1: _____ Seed treatment: _____ Area planted: _____
Number of bags: _____ Planting rate: _____ Field(s): _____
Auslot number(s): _____

Variety #2: _____ Seed treatment: _____ Area planted: _____
Number of bags: _____ Planting rate: _____ Field(s): _____
Auslot number(s): _____

REFUGE VARIETY

Variety: _____ Seed treatment: _____ Area planted: _____
Number of bags: _____ Planting rate: _____ Field(s): _____
Auslot number(s): _____

I hereby state that the information provided is true and correct.