**Supplementary Agreement for Growers Group**

1. **THIS FORM MUST BE COMPLETED FOR THE GROWERS GROUP.**

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| **CLIENT DETAILS** |
|  |
| YOUR NAME: |  |  | CERTIFICATION NO: |  |  |
| TRADING NAME: |  |  |  |  |  |
| **POSTAL ADDRESS** |  |  | **OPERATION ADDRESS** |  |  |
| ADDRESS 1: |  |  | ADDRESS 1: |  |  |
| ADDRESS 2: |  |  | ADDRESS 2: |  |  |
| SUBURB OR TOWN |  |  | SUBURB OR TOWN |  |  |
| STATE & PC |  |  | STATE & PC |  |  |
|  |  |  |  |  |  |
| TELEPHONE: |  |  | MOBILE: |  |  |
| FAX: |  |  | EMAIL: |  |  |
|  |  |  |  |  |

1. **Please submit the documents required as following.**
2. CURRENT GROWERS LIST (IF YOU REQUIRE A TEMPLATE, PLEASE CONTACT THE CHTC OFFICE)
3. MAP SHOWING GROWERS LOCATIONS (WITH EACH ID NUMBER) AND SURROUNDING ACTIVITIES
4. MAP SHOWING INDIVIDUAL FARM AND BOUNDARIES
5. **The list below for the growers must be filled. You may add more lines.**

Growers List

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID#  | Grower name  | Location  | area (Ha)  | Year of entrance to the group | crops | annual internal audit | year of CHTC audit | sanctions |
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