Iraq Funds Distribution Project – Grower Details Form

Please tick ONE box only

☐ I wish to participate in distributions ☐ I do not wish to participate in distributions

FH Grower ID Number: _____ A.B.N.: _____

Grower Name: _____

Address: _____

If the address details printed above are incomplete or incorrect, please complete your correct address details below.

Address _____

_____

Town / Suburb _____ State _____ Postcode _____

A.B.N. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Please complete your details below:

Phone Number: _____ Email: _____

Contact Name: _____

Bank Account - Name: _____

Bank Account – BSB: ___ ___ ___ – ___ ___ ___   Bank Account – Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Bank Name: _____

Declaration

Please tick ONE of the boxes below

I have completed this form:

☐ as I am the grower named above
☐ in my capacity as a representative of the partnership detailed in the grower name above
☐ in my capacity as a representative of the company detailed in the grower name above
☐ as an executor/administrator of the deceased estate of the grower named above
☐ as I am the legal guardian/trustee of the grower named above

☐ other (please specify)_____

I confirm that I am authorised (for the reason advised above) to participate in a distribution of the monies recovered from Iraq. I agree to indemnify Ernst & Young and Agrium Asia Pacific (International) Pty Ltd for any monies
distributed to me, if it is found by Ernst & Young or Agrium Asia Pacific (International) Pty Ltd that I have participated in grower distributions by reasons of misrepresentation, deception and/or fraud.
I confirm that all of the above information is true and correct. In particular, I acknowledge that if I have provided incorrect bank account details, any monies distributed to the incorrect bank account are unrecoverable and I will not therefore receive any funds deposited into that account due to my error.

Signed _____   Date _____

Print Name_____

Only use this section if you are completing the form on someone else's behalf.

If you are completing this form on behalf of the Grower named over the page, we may need to contact you. Please complete YOUR contact information.

Contact Name: _____

Address _____

_____

Town / Suburb_____ State_____ Postcode_____

Phone Number:_____ Email:_____

IRAQ FUNDS DISTRIBUTION PROJECT
C/O ERNST & YOUNG
PO BOX 16024 COLLINS STREET WEST
MELBOURNE VIC 8007

If you have any questions or difficulty completing this form, we encourage you to:

• Visit the IFDP section of the Ernst & Young website at **https://eysdigital.ey.com/IFDP**; and/or

• Email your query to **IFDP@au.ey.com**; and/or

• Call the **IFDP Hotline** at Ernst & Young on **1800 884 723**

Office Use Only

Recorded in Database   *Details Verified*

By: _____   *By: _____*

Date: _____   *Date: _____*