

Iraq Funds Distribution Project – Eligibility Assessment Form

This form is intended for growers who have not previously received a payment under the Iraq Funds Distribution Project. Please complete all sections to assist us in verifying your eligibility.

Please submit this form along with scanned copies of your identification (i.e., passport or driver's license) and any supporting documentation that confirms entitlement

Grower and Farm Details

Please provide the grower and farm details as they were during the seasonal pools of 1987/88, 1988/89, and 1989/90 and include any updates that were submitted to the Australian Wheat Board before 2012.

Full Name of Farmer/s:

Farm Name(s):

Farm Address:

Town/Suburb

State

Postcode

Partnership/Company Name(s):

Australian Wheat Board Membership Number/s:

ABN (if applicable):

Please provide any additional information that may assist us in verifying your eligibility (please append additional pages to this document as necessary):

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 above
- in my capacity as a representative of the company detailed above
- as an executor/beneficiary of the deceased estate of the grower named above
- as I am the legal guardian/trustee of the grower named above
- other (please specify)

Please note that for a party to act on behalf a deceased estate, we need either of the following documentary evidence:

- *Grant of Probate stating the party as the Executor of the estate, or;*
- *Both of the Will and Death Certificate of the deceased grower, naming the party as the executor*

*Once this form is completed, please email to IFDP@au.ey.com, or mail to **IFDP c/o Ernst & Young, GPO Box 67, Melbourne VIC 3001***

*Please address any queries to IFDP@au.ey.com and/or call the IFDP Hotline at Ernst & Young on **1800 884 723**.*

Contact Details

Please provide the contact details for the preferred recipient of all future correspondence.

Phone Number:

Email:

Contact Name:

Address:

Town/Suburb

State

Postcode

Bank Details

Please provide the preferred bank account details for depositing distributions if program eligibility is approved.

Bank Account – Name:

Bank Account – BSB:

Bank Account – Number:

Bank Name:

Declaration

How did you hear about the Iraq Funds Distribution Project:

Contacted Directly

Newspaper Advertisement (please specify)

Social Media Advertisement

Industry Newsletter (please specify)

GrainGrowers

Grain Producers Australia

Other industry body (please specify)

Notification from Solicitor or Accountant (please specify)

Post Office Advertisement (please specify)

Other (please specify)

I confirm that the information provided above is true and correct. 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 any reasons of misrepresentation, deception and/or fraud.

I confirm that all 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:

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