

Intervention Butter BU				
Notification of carton numbers				
EC regulation no. 2771/99 Notes about this form. A Please use BLOCK CAPITALS. B This form must be sent to the agency attached to the original BUT 4 Tender Application.		C The information supplied on this form may be used to reduce a lot size as a result of partial failure due to unsuccessful chemical microbiological or organoleptic analysis.		
Tenderer's name and address		Tel no. incl STD code IB Registration Lot no. Quantity offered		
Pallet ref number	Carton number range	Pallet ref number	Carton number range	

Pallet ref number	Carton number range	Pallet ref number	Carton number range	
Declaration The applicant: Authorised				

- has read and understood the Scheme Guide IM(L)13, as may be amended;
- has given details that are true and complete to the best of their knowledge and belief.

WARNING: any person who makes a false declaration may be prosecuted. A false or inaccurate statement can lead to loss of entitlement and recovery of any payments made. Authorise signature

Name

(BLOCK CAPITALS)

Capacity of person signing, for example, sole proprietor / director / other - please specify

Date