



2019 Supplier Declaration Form

1. Supplier (fruit grower or purchaser)

.....

2. Source of Supply

.....

(Grove name and location)

3. Food Safety Site Registration Number

.....

(NP1 or NP3 level applicable to customer grove or fruit supplier)

I/we declare that the following answers given are a true history of the management of the above mentioned grove.

4. Spray History

Have any of the following spray groups been applied to any area of the above mentioned grove at any time during the **15 days** prior to harvest? (**circle one**)

<i>Fungicides</i>	YES	NO
<i>Pesticides</i>	YES	NO
<i>Copper</i>	YES	NO
<i>Stroby</i>	YES	NO
<i>Foliar Fertilizer</i>	YES	NO
<i>Other</i>	YES	NO

If 'other', please state

(what)

(when)

Declaration

I/we confirm that where we keep a spray diary, it is available upon request for inspection.

I/we confirm that we comply with the Maximum Residue Levels for Agriculture Compounds.

I/we accept responsibility for checking the condition of the processed oil upon collection from TOP. I/we understand that no responsibility will be taken by TOP for product damaged or contaminated once it leaves the processing plant. I/we confirm that we have read and accepted TOP's Terms of Trade, as per the company's website.

Signed..... Dated.....

Please return this form completed with, or prior to, fruit delivery to The Olive Press.