



Ouse & Cherwell
Agricultural Buying Group

Application Form



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APPLICATION FOR MEMBERSHIP

1. Name: _____ VAT No: _____
Trading Title: _____
Address: _____
Postcode: _____
Tel no: _____ Mobile no: _____
Email address: _____
Introduced by: _____

PRIVATE & CONFIDENTIAL

2. Owner _____ Tenant _____ Sharefarm _____ Contract Agreement _____
Sole Trader _____ Partnership _____ Company _____
Complete Farm in : Acres _____ Hectares _____ Do you Equipment Share? _____
Owner/Tenant Hectares of Arable: _____ Grass: _____ Do you operate as a Contractor? _____
Do you use Farm Contractors? _____
Contract/Sharefarm Hectares of Arable: _____ Grass: _____

3. **LIVESTOCK NUMBERS**

- Dairy Cows: _____ Suckler Cows: _____ Store/Beef Cattle: _____
Breeding Ewes: _____ Fattening Lambs: _____
Breeding Sows: _____ Finishing Pigs: _____
Poultry: _____ Game: _____ Other: _____

4. **ANNUAL FUEL REQUIREMENTS - PLEASE STATE QUANTITIES IN LITRES/PA**

- Gas Oil _____ Derv _____ Kero _____ LPG _____



5. **CEREAL SEEDS - HOW MANY 'HECTARES' DO YOU NORMALLY GROW:**

Winter wheat: _____ Winter barley: _____ Winter oilseed rape: _____

Winter oats: _____ Winter beans: _____ Other: _____

Spring wheat: _____ Spring barley: _____ Spring oilseed rape: _____

Spring beans: _____ Other: _____

Usual seed supplier: _____ Home saved seed %: _____

Ha.of Grass sown per annum: _____ Ha.of Maize sown per annum: _____

6. **CROP PROTECTION DETAILS**

Is your Agronomist Independent or Serviced? _____

Name of Agronomist: _____ Company Name: _____

Preferred Chemical Supplier: _____

7. **PROPRIETARY FEEDING STUFF**

Please give tonnages/pa

Cattle: _____ Supplier: _____

Dairy: _____ Supplier: _____

Sheep: _____ Supplier: _____

Pigs: _____ Supplier: _____

Poultry: _____ Supplier: _____

Game: _____ Supplier: _____

Straights: _____ Supplier: _____

Home Mill & Mix %: _____

8. **FERTILISER REQUIREMENTS**

State tonnage/pa required

Compounds: _____

Nitrogen: _____

Urea: _____

Straights: _____

Liquid: _____

Nitrogen Solid: _____

Nitrogen Liquid: _____

Do you own your own tank? _____

Other: _____

9. **UTILITIES AND SERVICES**

Home Telephone Provider: _____ Mobile Phone Provider: _____

Mobile Contract End Date: _____ Electricity Supplier: _____

Electricity Contract End Date: _____ Name of Energy Broker: _____

Insurance Provider: _____ Are you an NFU Member? _____



10. Likely estimated turnover with the group: _____
Other members known to applicant 1) _____
2) _____

11.

Applicants Signature	Date:
_____	_____
Printed Name	_____

FOR OFFICE USE ONLY

Interviews with Director _____ Date _____
Director _____ Date _____

References taken from:

New Supplier to follow up: