

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 Ferrier Hodgson Corporate Advisory and Agrium Asia Pacific International for any monies distributed to me, if it is found by Ferrier Hodgson Corporate Advisory 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 FERRIER HODGSON
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 Ferrier Hodgson website at <https://www.ferrierhodgson.com/au/IFDP>; and/or
 - Email your query to IFDP@fh.com.au; and/or
 - Call the **IFDP Hotline** at Ferrier Hodgson on **(03) 9604 5128**
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Office Use Only

Recorded in Database

Details Verified

By: _____ By: _____

Date: _____ Date: _____