

Pigmeat Recall Scheme

Application Form for Payment by Primary and Secondary Processors for Eligible Product Stored in Ireland

<p>Name of company: _____</p> <p>Trading name (where different): _____</p> <p>Address of company: _____ _____</p> <p>Contact person dealing with application: _____</p> <p>Phone number for contact: _____</p> <p>Email Address for contact: _____</p> <p>VAT no.: _____</p>

Please indicate as appropriate:

This claim relates to the following products:

This claim relates to eligible product held at these locations prior to dispatch to rendering:

<p><input type="checkbox"/> - Primary processed product only Or</p> <p><input type="checkbox"/> - Secondary processed product only Or</p> <p><input type="checkbox"/> - Both.</p>	<p>List of product locations:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Primary</th> <th style="width: 20%; text-align: center;">Secondary</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Primary	Secondary	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	5. _____	<input type="checkbox"/>	<input type="checkbox"/>	6. _____	<input type="checkbox"/>	<input type="checkbox"/>
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To make a valid application, the following declarations, etc must be presented together with the forms attached. Entries must be typed clearly.

- A. PRS 7-Claim Completed, stamped and signed, enclosing relevant documents.
- B. PRS 7-Summary Completed, signed and stamped.
- C. PRS 7-Products Product Details. Completed.
- D. PRS 7-Rendered Weights dispatched/rendered. Completed, enclosing PRS 2 & 3 forms.

Declaration, Undertaking and Application

I hereby apply on behalf of _____ (the Company) for the appropriate payment based on the details set out in the enclosed PRS 7 forms, the terms and conditions of the Pigrate Recall Scheme (the Scheme) and the declarations and undertakings set out below. I confirm that that I have read and understand the terms and content of all documents listed above and/or set out below.

A. I accept:

- All the terms and conditions of the Pigrate Recall Scheme.
- That I am fully responsible for the full payment and discharge out of all monies received by me under the Scheme, of all sums which are due by me, or may become due by me to be paid to retailers or other creditors and for which the Minister has provided payment to me under the Scheme.

B. I enclose the following documentation (where not already supplied):

- Completed PRS 7 forms and relevant PRS2 and 3 forms as required.
- A current tax clearance certificate, unless previously supplied, or a reference number for a current certificate that may be verified by this Department on the Revenue website.
- A full copy of the current Public Liability and Products Recall policy documents in respect of insurance carried. This should include specifically the full Policy Schedule and Policy Wording, incorporating all endorsements, extensions, conditions and exclusions.
- Formal acceptance of the terms and conditions of the Pigrate Recall Scheme in accordance with the circular issued on 29 January 2009.

C. I declare that:

- I am entitled to make this claim on behalf of the company.
- The details of this application, as submitted are correct and complete.
- The product declared is eligible for assistance under the Scheme.
- In respect of product included as eligible solely for reasons of its unsaleability, this company has made genuine endeavours to secure its sale.
- I have made a full and true disclosure of the details of my insurance cover and any liability carried by the insurer in respect of product the subject of this claim. My insurer has declared that in respect of the product subject to this claim:

- | | | |
|--------------------------|-----|-------------|
| <input type="checkbox"/> | (a) | No recovery |
| <input type="checkbox"/> | (b) | Recovery, |

will be made or is possible under the policy (policies) of insurance in force in respect of this product. Where recovery is possible full details of nature and scope must be supplied.

D. I undertake:

- To co-operate fully with the Department in the verification of this claim.
- To make available for inspection and provide copies if requested, of all records required to verify this claim or where necessary to procure them from any third party on request being made by the Department to the Company.
- To maintain records relating to the product the subject of this claim for a minimum of 6 years.
- To immediately notify the Department in writing of any change in the details submitted under this application.

- To repay the Department, where requested, any monies already paid out in respect of this Scheme, including the cost of rendering and destruction of product, should I fail to meet the conditions of the scheme.
- To fully indemnify the Department in respect of any failure or refusal by the Company, for whatever reason, to make onward payment of any sum due to any third party referred to in clause A above, to include the full defence of and all costs, expenses and damages connected with any court, or other action taken against the Department by any such third party in respect of any sums claimed to be due to them by the Company.

I **consent** to the Department approaching my insurer to verify insurance cover for the product the subject of this claim and hereby consent to my insurer permitting the Department to inspect and copy any documents required by the Department relating to any insurance cover in place.

I **consent** to the release of information in relation to my application where this is made in accordance with relevant national and EU legislation.

Signature: _____

(Managing Director or Company Secretary only)

Name in block capitals: _____

Position in company: _____

Company: _____

Company Seal/Stamp: