

APIARIES ACT 1985

***Statutory Declaration
Claim for Compensation***

To: _____ The Director General, NSW Department of Primary Industries _____

I _____
(full name in BLOCK LETTERS)

of _____
(postal address including postcode)

Claim compensation for the following material

<u>Description</u>	<u>Number</u>	<u>Estimated Value</u>
Destruction of beehives	\$
Destruction of appliances	\$
Destruction of queen bees	\$
Irradiation of beehives	\$
Irradiation of appliances	\$

[NOTE: List details on reverse side if necessary.]

Date of destruction or irradiation:

Name of inspector authorising destruction or irradiation

Registration: number expiry date

Disease control direction number ABN (if applicable).....

Statement of Supplier to be attached if you do not have an ABN

Receipt from irradiation plant if applicable to be attached.

I/We, the undersigned.....

of.....

in the State of New South Wales,(occupation), do hereby solemnly and sincerely declare and affirm that I/We have complied with the written direction issued under disease control direction number shown above and that all details above are true and correct.

And I/We, make this solemn declaration, as to the matter aforesaid, according to the law in this behalf made, and subject to the punishment by law provided for any wilfully false statement in any such declaration.

TAKEN and declared atin the said State

This.....day of20

.....
Beekeeper signature

Before me.....
Justice of the Peace

Verification of claim (to be filled in by apiary inspector)

I have verified that the particulars provided over the page are correct.

Signature of Inspector: _____ Date: _____

Inspector' valuation rate of compensation

Amount payable:

Beehives destroyed (at 50%)	\$
Appliances destroyed (at 50%)	\$
Queen bees destroyed (at 100%)	\$
Beehives irradiated (at 100%)	\$
Appliances irradiated (at 100%)	\$
Total	\$

Approved claims are processed by Finance Section Orange and paid from Head Office

Inspectors are not to sign below.

Payment approved on.....Date.....