

	Proposal for Certification Service and Certification Agreement	Document No: AGF0026
		Version No 3
		Issue Date: 11/03/2026

<p>A. FOR Agri-Canaan Use</p> <p>Received by:</p> <p>Reference number</p> <p>Date of Receipt:</p> <p>Applicable Fees:</p>
<p>B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD <i>The particulars of the person who requests access to the record must be recorded below.</i></p> <p>Full names and surname of Requestor:</p> <p>Identity Number:</p> <p>Postal Address:</p> <p>Capacity in which request is made, when made on behalf of another person:</p> <p>Form of information (i.e: Post, Fax, Email)</p> <p>Telephone: Email:</p>
<p>C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE <i>This section must be completed only if a request for information is made on behalf of another person.</i></p> <p>Full names and surname of person on whose behalf request is made</p>

Prepared by	Scheme Manager	Approved by	M.D
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Identity Number:
.....

D. PARTICULARS OF RECORD
Provide full particulars of the record to which access is requested, to enable the record to be located. If the provided space is inadequate, please continue on a separate folio and attach it to this form.

Description of record or relevant part of the record:
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E. FEES
A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid. You will be notified of the amount required to be paid as the request fee. The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare the record.

If you qualify for exemption from the payment of any fee, please state the reason for this.
Reason for exemption from payment of fees:
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F. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS
You will be notified in writing whether your request has been approved or denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you like to be informed of the decision regarding your request for access to a record?
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Signed at _____ this _____ day of _____ 20 ____.
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Signature of requester / person on whose behalf request is made.

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