WOOLCLASSER'S SPECIFICATION

Page ( ) of ( )

BROKER/LOGO

FARM BRAND

Wool No. | Delivery Centre

ABN.....GST Reg (Y/N)....

Trading Details
Trading Name.....
Contact Name.....
Postal Address.....
.....P/C.....
Ph/Mob.....Fax.....
Email.....

Proceed Instructions
By Cheque (Y/N) .....OR
A/C Name.....
Bank.....BSB.....
A/C No.....

Offering Instructions
1st Available (Y/N).....
Other.....

Shearing Details
Is this Shearing Complete (Y/N).....
No. of Bales in this Consignment.....
Est. No. Bales in this Shearing.....
Date Shearing Completed...../...../.....
Qual. Scheme(s).....

Remarks

Office Use Only Lot / Sale	AM	No. Bales	Bale Description	Bale Numbers 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Mob Numbers	Mulesing Status NM/PR/M/CM Office Use Only	Bin Code	Classer's Comments
TOTAL BALES																						

NWD V6.0 November 2013

Fax This End First

The **NATIONAL WOOL DECLARATION (NWD)** for Mulesing Status and Merino Dark & Medullated Fibre Risk for Sheep Mobs. See Instructions, Definitions & Codes.
For the NWD to be valid, this section must be completed & signed by the Owner/Manager.

NM: All sheep in this mob have not been mulesed.
PR: All sheep in this mob were mulesed with a registered Pain Relief product.
M: Some or all of the sheep in this mob have been mulesed.

AWEX we know wool

Mob No.	Mob Break/ Bale Ranges	Age Code	Breed Code	Sex Code	Contact with Shedding Breeds (Y/N)	Mob Crutched (Y/N)	Crutched within 3 mths prior to Shearing (Y/N)	Mulesing Status (NM, PR or M)	Wool Length (mm)	VM (Lo, Med or Hi)	Comments / Matching Mob Info

WOOLCLASSER DETAILS

Registration No.

Name
.....

Signature
.....

Phone/Mobile
.....

Has mulesing ceased on this property (i.e. no lamb born on this property in the last 12 months has been mulesed)? ☐ YES or ☐ NO (Tick Box)

BY SIGNING THIS DECLARATION, I WARRANT THAT (A) I AM AUTHORISED TO COMPLETE THIS DECLARATION AND I CONFIRM THAT ALL DETAILS CONTAINED IN IT ARE TRUE AND CORRECT, HAVING MADE ALL REASONABLE ENQUIRES AND (B) I SUBMIT TO THE INTEGRITY PROGRAM COMPRISING RANDOM DESK AUDITS AND ON FARM INSPECTIONS.

PIC Number **Owner/Manager Name**.....**Signature**.....**Date**...../...../.....