



Ref No:

**CATTLE IMPROVEMENT SCHEME – INTERIM ARRANGEMENTS
APPLICATION FOR YEAR 2007**

- Before completing this form, you should read the attached Scheme Guidance Notes. **PLEASE USE BLOCK LETTERS THROUGHOUT**
- Completed forms should be returned to the address below by the closing date of **15th December 2006**
- The Commission reserves the right to inspect the bull and the premises in which it is housed at any time. They should also be notified at once of any change of custodian.

1 Name of Township/Group:

2 Applicant's name and address:
(Mr, Mrs, Miss, Ms)

3 Applicant's status:
(ie. Clerk of Grazings Committee/Grazings
Constable, Secretary/Representative of Group)

4 Please state Parish County Holding (CPH) Number
for Grazings/ Group /

5 Postal address to which communications should be sent if different from 2:

6 Daytime telephone number:
(including STD Code)

7 Name of Custodian: Date of Birth
NB: Custodian must be under 70 years of age / /

8 Address of Custodian:

9 Parish County Holding (CPH) Number of Custodian: /

10 Daytime telephone number:
(including STD Code)

11 Please indicate below the Township/Group sharing use of bull:

	Number of Members owning stock for service	Number of Stock to be served (cows and heifers)
PARENT TOWNSHIP/GROUP AS AT ITEM 1 ABOVE		
ASSOCIATE TOWNSHIPS (if applicable)		
1.		
2.		
3.		
4.		

Castle Wynd, Inverness, IV2 3EQ
T: 01463 663413 F: 01463 711820
www.crofterscommission.org.uk

12 Number of Bulls applied for: 1 Or 2
(please tick appropriate box)

Breeds of bull desired: (please see Q3 on attached Guidance Notes)
1st Choice(s) 2nd Choice(s)

13 Approximate date of delivery desired:

Do you wish to arrange your own transport? (please tick box)

14 Do you intend to return the bull to the Stud Farm for wintering? Yes No
(Tick appropriate box)

If no, please provide your Committee/Group's details for alternative wintering arrangements. All alternative arrangements will have to be approved by the Crofters Commission.

15 DECLARATION

- i I declare that I am authorised in the capacity specified in item 3 overleaf to act on behalf of the Township/Group specified in item 1 overleaf and hereby apply to the Crofters Commission for the supply of a bull(s) on hire.
- ii I confirm that I have read and understood the conditions set out in the Guidance Notes for the Scheme.
- iii I, being authorised as specified, declare that in the event of a bull being supplied under the Scheme I, or as the case may be, I and every member of the Group or Grazings Committee for the Township specified in item 1 overleaf, and my and our successors in the relevant capacity, shall be bound or shall be taken bound (a) to pay to the Crofters Commission all charges, fees and expenses which may be payable in terms of the Scheme; (b) to observe and fulfill all the conditions of the Scheme; and (c) to indemnify the Commission in respect of all actions, claims, losses or expenses made against or incurred by the Commission in respect of loss or damage or personal injury arises by reason of our negligence or otherwise.
- iv To the best of my knowledge and belief, the particulars given in this form are correct.

Signature

Date

WARNING
Failure to ensure that the information provided on this application form is accurate in material respects, or failure to comply with the Conditions of the Scheme will result in the Commission refusing to supply further bulls under the Scheme

FOR OFFICIAL USE ONLY

Decision: _____ No. of Bulls: _____ Breed(s): _____

Authorising Officer: _____ Date: _____