

**Application Form for the Drinagh Fixed Milk Price Scheme (FMPS 4) Supply Contract**

**Supplier Name**

**Supplier Number**

**If you wish to participate in the Scheme, please answer questions 1 & 2 below and submit this form to the Central Office, no later than December 1st  2017.**

**If you do not wish to participate in this scheme, please do not complete this form.**

**Q. 1 Do you wish to participate in the FMPS 4 Scheme?**

**Yes**

 Your allocated milk volume for participation will be based on 10% of your 2017 milk supply.

 Please note that 10% of this volume is the minimum participation level in the scheme.

**Q. 2** In the instance of an overall under subscription to the FMPS 4 scheme, suppliers will have the opportunity to supply a higher volume than 10%. Any additional volume will be made available on a pro-rata basis. If in such an instance, you may wish to avail of a volume greater than the minimum 10% confirmed above**,** please indicate the maximum volume you would like to avail of by ticking a box below

10% (minimum)

15%

20% (maximum)

Please tick one box only.

You may be allocated a volume lower than your preferred option.

**Signature of Supplier(s):**

**Upon signing this application form you are accordingly signing an irrevocable contract confirming that you will remain in this scheme from 1st January 2018 till 31st December 2020. Any applications to exit the scheme can only be considered in extreme circumstances (eg Force Majeure).**

**Please ensure that all applications are returned to us, no later than close of business, Friday December 1st 2017. Applications not returned by that date will not be eligible for participation.**

In the event of a low acceptance level for the scheme, the Carbery Board reserves the right not to proceed with the scheme**.**

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Volume applied for |  % |
| Equivalent litres |  Litres |
| Final Volume allocated |  % |
| Final allocated annual volume |  Litres |

**When the completed application form is received the allocated monthly volumes will be filled into the table and returned to you.**

|  |  |
| --- | --- |
| Month | **Final Agreed Volume**  |
| **January** |  |
| **February** |  |
| **March** |  |
| **April** |  |
| **May**  |  |
| **June** |  |
| **July** |  |
| **August** |  |
| **September** |  |
| **October** |  |
| **November** |  |
| **December** |  |

Society Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_