FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE

EXPRESSION OF INTEREST – PURCHASE OF MILK FROM FAREI

APPLICATION FORM

1.	Name of Applicant:			
2.	Address:			
3.	Name of Director(s):			
4.	Name of contact person/agent:			
5.	Phone Number(s): Mobile:			
	Fax: E-mail:			
6.	Type of Business or Activity carried Out (please attach details if needed)			
7.	SME: Yes / No			
	The following documents should be submitted together with the application: Business Registration/licenses/Company profile (If applicable) VAT registration number (If applicable)			
	Applicants are also requested to submit the following information:			
	Number of litres to be purchased per week			
	Price proposed per litre			
	Frequency over which fresh milk is to be purchased from FAREI (number of days per week)			
	Note:			
	(i) Milk will be delivered by FAREI, preferably at farm gate (Curepipe Livestock Research Station Les Casernes Curepipe)			
	(ii) Prior arrangements should be made with the Manager of Curepipe Livestock Research Station;			
	(iii) Transport costs will be charged for delivery of milk to the client's site;			

	(iv) Milk will be tested for alcohol and acidity at f contamination after delivery;	arm gate and FAREI shall not be liable for any spoilage or
	(v) Payment shall be made to FAREI by cheque or bank transfer at the end of each month;	
	(vi) A Service Agreement will be signed with FARE of your proposal.	I for an initial period of two Years in case of acceptance
Note: A	Applicants may add additional information in separa	te pages.
I/We h	ereby certify that the above information is true to the	ne best of my/our knowledge.
Name		Signature Office Stamp