



SUGAR CANE GROWERS FUND

Loyalty Program Declaration Form

GROWER DETAILS

Sector: Farm: LOS Number:

Name:

DETAILS TO BE CHANGED (Only Fill the Required Changing Fields)

Farm Details	Sector No: <input type="text"/>	Farm No: <input type="text"/>	
Name	Grower Name: <input type="text"/>		
	Trustees Name: <input type="text"/>		
	POA's Name: <input type="text"/>		
Land Details	Land Type: <input type="text"/>	Title No: <input type="text"/>	Reference No: <input type="text"/>
	Land Name: <input type="text"/>		
	Term: <input type="text"/>	Lease Expiry: <input type="text"/>	Area: <input type="text"/>
Personal Details	Phone Contact: <input type="text"/>		

I _____, the undersigned cane grower do hereby declare that all information provided by me is true and correct in every detail and I also discharge Sugar Cane Growers Fund of any liabilities in relation to the above matter.

Grower Signature: _____ **Date:** - ____/____/2024.

SLO – Support/Not Supported

Signed: _____ Date: ____/____/2024

MLO/CEO – Approved/Not Approved

Signed: _____ Date: ____/____/2024