WES-KAAPSE BYEBEDRYFS-VERENIGING

WKBV

WCBA

WESTERN CAPE BEE INDUSTRY ASSOCIATION

Request for Pollination Service Inspection

(This form must be fully completed before an investigation will be initiated.)

.....	.....
NAME OF PRODUCER	**NAME OF SERVICE PROVIDER**
.....	.....
CONTACT PERSON	**CONTACT PERSON**
ADDRESS:	ADDRESS: .....
.....	.....
.....	.....
CELL:	CELL: .....
Email:	Email: .....
WCBA MEMBER? (YES/NO):	WCBA MEMBER? (YES/NO): .....

It is confirmed that a written WCBA type of Pollination Agreement is in place between the above parties.- Y/ N

INSPECTION SITE ADDRESS.....

DIRECTIONS TO SITE.....

.....

NUMBER OF SITES FOR INSPECTION.....

NUMBER OF / % HIVES PER SITE FOR INSPECTION.....

.....

SUSPECTED/ALLEGED REASON FOR REQUESTING THIS INVESTIGATION

The Producer declares that he has made an effort to contact the Service Provider regarding the above and that the latter:

○ Agrees to this request ○ Could not be reached the past 24 hours

○ Did not address the problem appropriately within 24 hours after being notified

The undersigned agrees to accept the standards and tariffs of WCBA, the choice of the Inspector and his findings and that payment for this inspecton is due within 14 days after being supplied with an invoice.

_____	_____	_____
SIGNATURE OF PRODUCER	**DATE**	**TIME OF DAY**