TO BE RETURNED TO LOWER BURDEKIN WATER

Cane Pay Deduction Form 2020/21

**Please note, if you are already participating in the Cane Pay Deduction scheme you do not need to complete this form again*

To: Cane Pay Deduction
Wilmar Sugar Australia Limited
PO Box 642
TOWNSVILLE QLD 4810

I/We _____ , _____ ,
Full name *Full name*
_____ , _____ ,
Full name *Full name*
of, _____, in the State of Queensland, Cane Farmers,
Registered address

being the persons entitled to the gross proceeds of the Sugar Cane crops delivered to the relevant mill for sale during the 2020/21 financial year and following years until otherwise notified (e.g. farm sale or change in farm business structure). **HEREBY AUTHORISE REQUEST AND RESPECTIVELY DIRECT YOU** to pay such proceeds in the following manner:

(a) The sum, as advised by Lower Burdekin Water by way of Invoice to the grower and notification to the Miller before August 31st of each year, to the account of LOWER BURDEKIN WATER, by three (3) equal instalments issued to Wilmar on or before:
  (i) 30th September,
  (ii) 31st October and
  (iii) 30th November.

(b) To pay the balance of such gross proceeds in accordance with the current instructions you hold from us regarding disposal of cane proceeds.

(c) Please be advised the above-mentioned dates are when Lower Burdekin Water provides the invoice to Wilmar, it is up to Wilmar's discretion when the amounts are deducted.

For the 2020-2021 financial year and ensuing crushing seasons, this order supersedes any previous instructions which may have been given to you in respect of payment of crop proceeds from the said land and is irrevocable by us.

Description of properties involved:

	Examples	**Farm 1**	**Farm 2**	**Farm 3**	**Farm 4**	**Farm 5**	**Farm 6**
Farm Number	*9668A*						
Cane Area (ha)	*58 hectares*						

☐ ***If you wish to stop your current levies being deducted from your Wilmar cane pays for your nominated farm(s) and receive a single invoice directly from Lower Burdekin Water, please tick this box and return this form to our office.***

Signature: _____ Signature:_____

Print Name: _____ Print Name: _____

Date: _____ Date: _____