

**BETA NOPS CODE
APPLICATION FORM**

Application for the BETA NOPS Code is open to BETA and Non BETA members who are also Applied or Accredited UFAS Compound Feed or FEMAS Participants. Please complete this form in BLOCK CAPITALS and return with the appropriate remittance to the address stated below.

SECTION A – BUSINESS DETAILS			
To participate in the BETA NOPS Code requires full disclosure of all business activities related to the Code. ANY FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION MAY RESULT IN MEMBERSHIP TO THE CODE BEING WITHDRAWN.			
BUSINESS PREMISES			
Contact Name:	Tel No:	Fax No:	
Business Name:			
Business Address:			
	Post Code:	Email:	
If manufacturing is conducted at a different site(s) please give details of the site and company name if different to the one named above.			
ADDITIONAL SITE or CONTRACTED MANUFACTURER			
Where there is more than one contract manufacturer please include details on a supplementary sheet.			
Address of premises:		Company name (if different to that named above)	
	Post code:		Post code:
For compound feed manufacturers: Annual Production of horse feed (approx) Tonnes			
For supplement manufacturers: Annual turnover of equine supplements £ Sterling.			
Please give the proportion of feed /supplements sold, by percentage of the total production. according to category listed below:			
Racehorse			
Performance / Sport horse			
If you do not intend to label all production as NOPS compliant, please detail those products that will be labelled as Non-compliant.			
SECTION B - MEMBERSHIP			
We are BETA members		YES	NO
We are AIC members		YES	NO
We are registered for UFAS		YES	NO
We are registered for FEMAS		YES	NO
Date of annual audit			

SECTION C - DECLARATION

We hereby apply for membership to the BETA NOPS CODE, and we declare that:

- I am aged 18 or over.
- I will be seeking certification to the BETA UFAS NOPS Appendix under the Universal Feed Assurance Scheme and/or the BETA FEMAS NOPS Appendix (please delete as applicable) and agree at all times to comply with the relevant UFAS/FEMAS Standard and the rules applying at the time.
- The information provided on this form and any supporting documents is true and complete in all respects.
- I confirm that the proposed member of the Scheme has not been the subject of any prosecution relating to feed or food safety legislation by any relevant authority, nor is any prosecution pending.
- I also confirm that the proposed member has not at anytime been convicted of any offence relating to the above.
- I understand that a failure to disclose any material information required for this application may lead to an immediate suspension or withdrawal\revocation of membership of the code.
- I am the proposed member of the Scheme or I am duly authorised to sign this application on behalf of the proposed member.
- I agree to adhere to the requirement to participate in the industry early alert system.
- I confirm that no guarantees will be given nor declarations made as to the NOPS free status of our feeds nor shall any other such wording that implies similar be used. I agree that should the quality statement as detailed in the BETA Guidelines be used on bag or literature in part, the extract thereof and the surrounding text will be sent to BETA for approval to ensure the spirit of the Code is being adhered to.
- I will adhere to any further terms and conditions as laid down in the BETA guidelines to the NOPS code.

SECTION D – DATA PROTECTION AND OPERATING PROCEDURES

I confirm I have read and understood the Rules for Joining provided by BETA.

By making this application I understand that I am consenting to the processing by BETA of data as outlined on this form.

Signature of applicant or authorised person

Date of signature

Signed on behalf of (Business Name)

Please make sure that:

- You have completed all sections of this form.
- The form is signed and dated.
- Payment is made to BETA Ltd for £100 (plus VAT at the current rate).An invoice will be issued on receipt of payment.
- **You return the completed forms and payment to BETA Ltd, East Wing, Stockeld Park, Wetherby. LS22 4AW**

Payment : Please tick as appropriate.

- I enclose a cheque, payable to "BETA" for £.....
- Or I will pay by Bank transfer to Natwest Bank, Account No. 79243932 Sort Code 60-11-28. Account Name: BETA Ltd, giving the payers name and NOPS as ref.
- Or I wish to pay by credit / debit card.
Please charge my Visa Access Mastercard Switch Please note we do not accept Amex.
Card Number: Expiry Date..... Sec:.....
Name on Card:.....
Postcode card is registered to:..... Issue No:.....
Business Name:.....
Address:.....
.....Postcode: