



# Declaration

**PLEASE RETURN THIS FORM TO ZESPRI NO LATER THAN 5.00PM ON FRIDAY 23 MARCH.**

Failure to do so will result in the legal producer being deemed to have not disclosed use, if illegal use is identified.

## CONTACT DETAILS

Legal entity name of Kiwifruit Titleholder

KPIN

If the name above is incorrect, please visit The Canopy ([www.zespricanopy.com](http://www.zespricanopy.com)) or call the ZESPRI Grower Contact Centre on 0800 155 355 to obtain a blank form or alternatively make the change above. **All changes must be initialled.**

Orchard Name:

Property Address:

Contact Person:

Telephone No:

Email:

## CONDITIONS OF USE (as set by the Ministry of Agriculture and Forestry and ZESPRI)

KeyStrepto™ was allowed for use under the following conditions:

- No more than three applications
- The final application no later than 1 week before first flowers appeared
- No later than 1 December 2011
- Only by ground-based foliar spray application
- Maximum application rate is 1.2kg of product/ha (i.e. 60g/100L with a water rate of 2000L/ha)
- Under a documented trial approval

No other antibiotics are approved for use on kiwifruit in New Zealand.

## DECLARATION

Has Streptomycin (also known as KeyStrepto™) or another antibiotic been applied on your orchard to male or female vines?

**Yes** (in accordance with the rules)

**Yes** (with a trial approval)

*If so, please attach the paperwork regarding the approval.*

**No**

**Unsure** (please contact me to discuss further)

If you have additional information for consideration, please record that on the back of this form or attach a separate piece of paper with the details. If you have any questions, please contact Gale Carter at ZESPRI on 07 572 6405 or David Steven (ZESPRI's independent crop protection advisor) on 09 443 0209).

**I certify that to the best of my knowledge and after due enquiry of all parties who may have knowledge of the orchard management on the KPIN noted above, no Streptomycin or other antibiotics have been applied to the orchard other than in accordance with the conditions approved by MAF and ZESPRI.**

### Kiwifruit Titleholder Execution Section

*I am authorised to sign this document on behalf of the legal entity named at the top of this form (only one signature is required).*

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_

### Signed in the Presence of (witness signature):

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Please fax to 07 572 7645 or post to ZESPRI, PO Box 4043, Mount Maunganui 3149 no later than **5.00pm Friday 23 March**