*Biosecurity and Agriculture Management Act 2007*

**2024-2025 Industry Funding Scheme (IFS) for Hay**

**Return this form with a *copy* of your IFS Remittance or Direct Transfer of Funds to:**

| **Bank details:**  Bank name: Commonwealth Bank of Australia  Account name: Department of Primary Industries and Regional Development  BSB: **0 6 6 – 0 4 0**  Account number: **1 0 4 0 0 0 0 5**  Branch: 150 St George’s Terrace Perth  SWIFT Code: C T B A A U 2 s |  | **Email** [financereceivables@dpird.wa.gov.au](mailto:financereceivables@dpird.wa.gov.au)  **Post** DPIRD Finance (**Hay IFS**) Locked Bag 4 Bentley Delivery Centre WA 6983  **ABN** 1 8 9 5 1 3 4 3 7 4 5 |
| --- | --- | --- |

**Summary of Contributions Deducted** (Note: IFS Contributions are GST exempt)

***REQUIREMENT:*** *For more entries or bulk remittance (bulk sales transactions)* ***please attach a spreadsheet or PDF*** *list that reports the sales data as below. Your obligation to do so is stated as such under section 16(2(b)) of the Biosecurity and Agriculture Management Industry Funding Scheme (Grains) Regulation 2010. Complete all sections of this form.*

| Name of trading entity on whose behalf Hay IFS contributions have been deducted | ABN of trading entity on whose behalf Hay IFS contributions have been deducted | Tonnes purchased from that trading entity | FY 2024-25  Month of sale  e.g. Sept | Rate per tonne  (Hay) | Total ($) contribution deducted from trading entity |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | $0.125 |  |
|  |  |  |  | $0.125 |  |
|  |  |  |  | $0.125 |  |
|  |  |  |  | $0.125 |  |
|  |  |  |  | $0.125 |  |

| *Note: Contributions to be remitted within 30 days of the end of each calendar month* | TOTAL |  |
| --- | --- | --- |

**Hay Receiver:** In accordance with the *Biosecurity and Agriculture Management Industry Funding Schemes (Grains) Regulations 2010*, I certify that I have deducted and forwarded the required IFS Contribution from all chargeable transactions involving the delivery/sale of hay.

| Hay receiver’s name (individual or company): | |  | | | |
| --- | --- | --- | --- | --- | --- |
| ABN: | |  | | | |
| Address: | |  | | | |
| Contact name and email: | |  | | | |
| A copy of IFS Contribution payment is attached | | **Yes**  Copy of payment MUST be sent with this form. | | | |
| Bulk sales transaction list attached *(If required)* | | **Yes**  Excel/PDF bulk sales list MUST be sent with form. | | | |
| Signature: |  | | Date: |  |

| **Entity** | **Cost Centre** | **Account** | **Fund** | **Project** |
| --- | --- | --- | --- | --- |
| **100** | **4122719** | **485102** | **338** | **40022102** |