



AUTHORISATION: GRAIN INDUSTRY LEVY

Hereby I (full name and surname) _____

Preferred Name: _____ Farm Name: _____ District: _____

ID-number _____ authorise Grain SA to collect a commodity levy, as approved by the Grain SA Congress under Article 15.2 and Regulation R3 of the Constitution, on all grain produced and delivered by me personally or by the legal entities I represent. The current levy per ton (VAT exclusive) on each commodity amounts to: **Maize R4.10, Wheat R4.70, Sunflower R8, Soya beans R8, Groundnuts R13.90, Sorghum R4.70, Canola R6.40, Barley R4.70, Oats R4.70.** The abovementioned levies were approved at the Congress 2024 for the 2024/25 levy year.

I hereby confirm that Grain SA will make use of a variety of Agents as listed to collect these levies at the first point of delivery. I hereby authorise such Agent to collect the levy and to deposit it, after I have complied with my obligations towards the Agent, and I also confirm that I or the legal entities which I represent, have no right of recovery whatsoever against any Collection Agent in terms of this authorisation. I also give the permission to the agent to provide my information to Grain SA within the guidelines of POPIA act (section 69). The producer has the right to reject the use of personal information and can inform Grain SA directly with below contact details.

I further confirm that Grain SA will inform me in writing when the levy per ton is amended and I accept that the collection of such levy shall remain valid until I cancel it in writing with Grain SA. I also undertake to personally deposit the levy applying to the grain I deliver at an institution who isn't currently a collection agent of Grain SA, to Grain SA.

Legal entities under which I will produce and trade:

LEGAL ENTITY ON WHICH GRAIN IS DELIVERED	AGRICULTURAL BUSINESS NAME (Where you deliver and trade)	DELIVERY NUMBER

All information will be treated strictly confidential

POSTAL ADDRESS

POSTAL CODE

CEL NR

TEL NR (HOME) _____

EMAIL ADDRESS _____

AT WHICH FARMER'S ASSOCIATION OR STUDY GROUP DO YOU PARTICIPATE? _____

SIGNATURE: _____

DATUM: _____

Banking Details: Account holder: Graan Suid Afrika NPO

FNB Bank, Branch code: 230145: Account number: 62864206430

SEND FORM TO: E-mail: patricia@grainsa.co.za