

## BEEF QUALITY INITIATIVE

**Claim for payment towards the purchase of a Superior bull.  
Explanatory leaflet BQI 1, page 10.**

**PLEASE TICK BOXES WHERE APPROPRIATE**

**NOTE: Claim to be submitted to DARD within 28 days of the purchase of the bull.  
Payment towards the purchase of a bull, whether Elite or Superior, will only be made once in the lifetime of the bull and only one payment per farm business for a bull will be permitted under the Beef Quality Initiative.**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

3. TELEPHONE NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

4. E-MAIL ADDRESS: \_\_\_\_\_

5. IACS CLIENT REFERENCE NUMBER: \_\_\_\_\_

6. Have you attended a learning programme Under PART I (a) of the Beef Quality Initiative Scheme and been awarded a certificate? YES  NO

7. Are you currently a member of the Northern Ireland Beef and Lamb Farm Quality Assurance Scheme (NIBLFQAS)? YES  NO

Please enter your NIBLFQAS registration number: \_\_\_\_\_

8. Are you currently registered as an organic producer? YES  NO

Please enter Organic Sector Body and registration number:

9. Have you been in receipt of LFACA payments in the year prior to the date of this claim? YES  NO

10. Date of purchase of bull: \_\_\_\_\_

11. State the type of sale

Official pedigree breed society sale  Venue \_\_\_\_\_

Other sale  Venue \_\_\_\_\_

Farm to farm

12. Purchase price of the bull: \_\_\_\_\_  
Please submit documentary evidence confirming the expenditure.

Preferred documentation is a market or vendor's receipt. A vendor's receipt must include; name and address of vendor and purchaser, date of sale, bull national identification number, bull date of birth and confirmation the bull is of Superior status.

13. Does the bull meet the specifications for a superior bull: YES   
NO

Please attach documentary evidence to support your declaration at Question 12.  
For sales other than an official breed society sale, documentation completed and signed by vendors veterinary practitioner confirming that the bull is physically sound and conforms to breed type should also be submitted.

**DECLARATION:**

- I confirm that the information included in this claim form is correct and also that the bull meets all conditions relating to the movement of animals required by DARD's Veterinary Service.
- I understand that payment is subject to confirmation that the bull meets the specification standard for a superior bull as defined in the BQI scheme.
- **I understand that payment will not be issued until after the bull has been resident on my farm for a minimum 10 month period.**

**Warning:** – Failure to meet the conditions stated in the Beef Quality Initiative explanatory leaflet will jeopardise any further payments by DARD and could result in the recovery of monies already paid. To knowingly or recklessly give false information to obtain payment for aid from the Beef Quality Initiative may result in prosecution.

SIGNED: \_\_\_\_\_

INDICATE STATUS IN BUSINESS: \_\_\_\_\_  
(eg. owner, farm manager etc.)

DATE: \_\_\_\_\_

**CHECKLIST:**

I have attached the following information: (please tick)

Evidence confirming purchase price of the bull

Evidence that the bull meets Superior criteria

**For sales other than official breed society sales**

Veterinary practitioner confirmation that the bull is physically sound and conforms to breed type

**Completed forms should be returned to:–**  
Beef Quality Initiative Administration Unit  
Greenmount College  
ANTRIM BT41 4PU

**FOR OFFICIAL USE ONLY**

Bull resident on applicant's farm from: \_\_\_\_\_ to: \_\_\_\_\_

(Aphis Check)

Purchase price of bull £ \_\_\_\_\_

Business in receipt of LFACA payments YES  NO

Payment recommended at \_\_\_\_\_% = £ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTER SIGNATURE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

