



An Roinn Talmhaíochta,
Bia agus Mara
Department of Agriculture,
Food and the Marine

APS Control Forms

Aid to Private Storage for Pigmeat



Scheme Year 2022

25 March 2022

APPLICATION FOR STORAGE CONTRACT

Applicants must make themselves aware of the contents of the Trader Notice for the Aid for the Private Storage of Pigmeat scheme, available on the Department website.

Contract Number _____
eg DA16/2334/V01

1. In this document:

- 'the Applicant' means the person or body corporate the name of which appears in section 2 below
- 'the Department' means the Department of Agriculture, Food and the Marine
- 'the products' means one of the products as outlined in Commission Regulation (EU) 2022/470
- 'relevant European Community legislation' means the Regulations cited in the afore-mentioned Trader Notice and the instruments referred to in these Regulations.

2. **Name and full address of applicant:**

Telephone: _____ Fax: _____

Email: _____

VAT Registration Number:

3. **Undertakings by the applicant**

If our application in respect of the intended storage operations listed in sections 4, 5, 6 and 7 below is accepted, we the Applicant hereby undertake to:

- (a) place in store for the purposes of obtaining private storage aid only meat of sound and fair merchantable quality coming from pigs raised in the European Community for at least the previous two months and which have been slaughtered for not more than ten days before the date on which the products are placed in storage under this contract.
- (b) place the products in store in bone-in or boneless form at our own risk and expense not later than 28 days following acceptance of our contract.

- (c) keep the products in store in the same condition for the duration of the storage period specified in section 6 below and not to alter the stored products in any way or to exchange them for other products or to transfer them from one store to another during the storage period.
- (d) be responsible for ensuring that correctly completed documents relating to each stage of contract fulfilment ie slaughter, cutting/deboning and placing in store are forwarded to the Department within one month of the product being placed in store.
- (e) store the products in easily identifiable lots, on which the weight, number of half carcasses/boxes and date of entry into store are clearly marked; and to keep up-to-date records of the product in store.
- (f) permit the Department at all times to check that all the obligations laid down in a contract are being observed and give the minimum prior notice to the appropriate Department Officer in relation to each operation with regard to the production, storage and withdrawal of pigmeat to which this contract relates.
- (g) conform with in all respects and accept the undertakings along with the relevant European Community legislation.

4. **Product to be stored:**

| |
|--|
| _____ (One product per contract, include CN Code) |
|--|

5. **Quantity to be stored** (net weight in tonnes)

| |
|--|
| In figures: _____ tonnes In words: _____ tonnes |
|--|

6. **Length of storage period:**

| |
|------------|
| _____ days |
|------------|

Note for applicants: The maximum storage period is 150 days.

7. **Storage operations:**

A. Date of commencement of slaughter: _____

B. Plant of slaughter: _____

C. Plant of cutting/deboning: _____

E. Designated Coldstore: _____

8. We recognise that this application, taken with the corresponding acceptance, constitutes a contract for the private storage of pigmeat within the meaning of the relevant European Community legislation and the Department's Trader Notice.
9. We understand that the period of storage specified in this contract may be curtailed or extended if, in the opinion of the European Commission, the market situation so requires.
10. We understand that, in accordance with European Communities (Common Agricultural Policy) (Scrutiny of Transactions) Regulations 1994 and 1995, we must keep all commercial records, including cold store records (section 4.6 of conditions) and withdrawal records (section 6.3 of conditions), available for scrutiny for a period of at least three years starting from the end of the year in which such records were drawn up.
11. As security for this application:
- * we enclose our bank draft for € _____
 - * we enclose a guarantee for € _____
 - * please offset the sum of € _____ against our block guarantee for pigmeat private storage purposes lodged with you on _____
 - * electronic funds transfer (EFT)
- (* delete whichever is inapplicable)
12. We accept that if we withdraw this application after acceptance by the Department the security will be declared forfeit

Signed: _____ Status: _____

Date: _____

Form PS/2
Aid for the Private Storage of Pigmeat 2022

**ACCEPTANCE OF CONTRACT
APPLICATION**

TO _____

CONTRACT NUMBER _____

1. I am directed by the Minister for Agriculture, Food and the Marine to say that your application, lodged with this office on _____ to store the quantity and products mentioned below for a minimum period of XXX days is hereby accepted.

| | |
|---------------------------|--|
| Quantity | |
| Products | |
| CN Number | |
| Plant of Slaughter | |
| Plant of Cutting Deboning | |
| Cold Store | |

2. This acceptance, taken with your application, constitutes a contract for the private storage of pigmeat within the meaning of the relevant European Community legislation referred to in Section 1 of your application.

3. The number of the contract is shown above. It must be quoted on all communications with the Department on the subject of the contract.

4. Placing in store of the above products, in bone-in or boneless form, must be completed by xx/xx/xxxx, this being the deadline referred to in section 3(b) of your application.

5. You are obliged to notify the local Veterinary Office at least two days in advance of the commencement of operations for slaughter, cutting/deboning and storage under the contract.

Signature _____

Date: _____

APS Section Department of Agriculture, Food and the Marine Johnstown Castle, Co. Wexford
Ph: 053 916 3445 Email: APSAdmin@agriculture.gov.ie

Aid for the Private Storage of Pigmeat 2022

CARCASS WEIGHT SCHEDULE

NOTE: A separate form PS/3 must be used for each day's slaughter

| | |
|--------------------|--------------------|
| CONTRACT NUMBER | SCHEDULE NUMBER |
| Name of Contractor | Plant of Slaughter |
| Date of Slaughter | Date of Weigh-in |

Type of Product

I certify that

- (i) The pigmeat described herein was derived from the type of product listed in the contract application and is of sound, fair and marketable quality and comes from pigs raised in the European Community for at least the previous two months.
- (ii) All information on this form is correct and the weights of the product were recorded when the pigmeat was in a chilled state.
- (iii) The following is a summary of the weights detailed overleaf obtained at the time of weighing-in.

| Summary of Schedule | |
|----------------------------|----------------|
| Column | Net Weight Kgs |
| 1. | |
| 2. | |
| 3. | |
| Total Weight (kgs): | |
| Total Number of Carcasses: | |

Signed

Status

Date

On behalf of the **Slaughter Premises** by person with authority to so act

Signed

Status

Date

On behalf of the **Contractor** by person with authority to so act

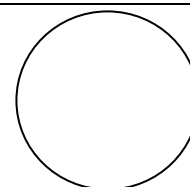
FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.

Signed:

Dept. Officer at slaughter plant

Date:



Signed:

Department Official at Weighing-in
Premises

Date:

Please apply stamp

NOTES:

This form must be completed in respect of the slaughtering for every product. The individual weights **must** be inserted into the accompanying table, *PS3/Table*, in respect of carcasses/half-carcasses which are to be stored in their entirety, and the totals carried over to the *Summary of Schedule* table above.

In the case of other products to be stored, such as legs, fore-ends, bellies, etc. it is sufficient to enter the carcass numbers, only but the **total weight** for the day's APS slaughtering must be entered in the box 'Total weight (kgs.)' of the *Summary of Schedule* table above.

Where slaughter and cutting/weighing take place at different premises, this form should be signed by an appropriate representative from each company. Where both these processes take place at the contractor's premises, **only** the contractor's signature is required.

This form, when completed throughout, should be forwarded by the Department's Officer for signature and then sent to:

APS Section
Department of Agriculture, Food and the Marine
Johnstown Castle Estate
Co. Wexford
Ph: 053 916 3445
Email: APSAdmin@agriculture.gov.ie

Aid for the Private Storage of Pigmeat 2022

CUTTING / DEBONING OUTPUT

NOTE: A separate form must be used for each days production

CONTRACT NUMBER

Date of Cutting / Deboning

Schedule Number

Matching PS/3 Schedule Number

Name of Contractor

Plant of Slaughter

Plant of Cutting / Deboning

Date of Weighing in of Meat

| CN No. of Product | Description |
|-------------------|-------------|
| | |

| Number of Boxes | Net Weight |
|-----------------|------------|
| | |

I certify that

- (I) The above product comes from the carcasses which were slaughtered on the _____ 2022 and fulfill the 10 DAY RULE.
- (II) All information on this form is correct and the weights of the product in the boxes recorded on page 2 were recorded when the meat was in a chilled state.

Signed:

Date

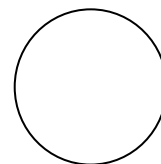
Status:

(Company Secretary, Director etc.)

FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.

Sign:



Please apply Stamp

Date

| PRODUCTION RECORD | | | | | | | | |
|---|---------|------------|--------------|---------|------------|--------------|---------|------------|
| Contract No: | | | Schedule No: | | | Page Number: | | |
| NB: A separate form is to be used for each day's production. | | | | | | | | |
| | BOX NO. | NET WEIGHT | | BOX NO. | NET WEIGHT | | BOX NO. | NET WEIGHT |
| 1. | | | 1. | | | 1. | | |
| 2. | | | 2. | | | 2. | | |
| 3. | | | 3. | | | 3. | | |
| 4. | | | 4. | | | 4. | | |
| 5. | | | 5. | | | 5. | | |
| 6. | | | 6. | | | 6. | | |
| 7. | | | 7. | | | 7. | | |
| 8. | | | 8. | | | 8. | | |
| 9. | | | 9. | | | 9. | | |
| 10. | | | 10. | | | 10. | | |
| 11. | | | 11. | | | 11. | | |
| 12. | | | 12. | | | 12. | | |
| 13. | | | 13. | | | 13. | | |
| 14. | | | 14. | | | 14. | | |
| 15. | | | 15. | | | 15. | | |
| 16. | | | 16. | | | 16. | | |
| 17. | | | 17. | | | 17. | | |
| 18. | | | 18. | | | 18. | | |
| 19. | | | 19. | | | 19. | | |
| 20. | | | 20. | | | 20. | | |
| 21. | | | 21. | | | 21. | | |
| 22. | | | 22. | | | 22. | | |
| 23. | | | 23. | | | 23. | | |
| 24. | | | 24. | | | 24. | | |
| 25. | | | 25. | | | 25. | | |
| | TOTALS | | | | | | | |
| | | | | | | | | |

NB: The weights to be shown are the weights of the boxed product (or cut) designated in your application form for this contract i.e. shoulders, legs etc.

This completed form should be forwarded by Department's Officer at the plant of cutting/deboning to:
APS Section,
Department of Agriculture, Food and the Marine, Johnstown Castle Estate, Co. Wexford.
Ph: 053 916 3445 / Email: APSAdmin@agriculture.gov.ie

Aid for the Private Storage of Pigmeat 2022

TRANSIT NOTE

CONTRACT NUMBER

CONTRACTOR

COLDSTORE

TYPE OF PRODUCT

Section A : SUMMARY OF WEIGHT SCHEDULES

| Form PS/3 or PS/4 Schedule Nos | Total Net Weight (kgs) | Number of half carcasses/boxes |
|--------------------------------|------------------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Totals: | | |

Section B: STATEMENT OF DISPATCH FOR STORAGE

| | | | |
|------------------------------|--|----------|--|
| No. of half carcasses/boxes: | | Weight | |
| Container Number: | | Seal No: | |
| Date of Dispatch | | | |

Form PS5 accompanied Load

I hereby certify that the particulars given above are in all respects accurate, and that the products concerned have been prepared for storage in accordance with the Department's General Conditions of Trader Notice _2022/____.

Signed: (Company Secretary, Director etc.)

Date:

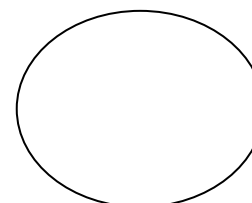
FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.

Signed:

Date:

Please apply Stamp



CERTIFICATE OF PLACING IN STORE

Section C: CERTIFICATE OF PLACING IN STORE

I hereby declare that the pigmeat referred to in Parts A and B accompanied by the relevant PS5 entered the place of storage on _____ (date) in its entirety.

Signed: for Cold store _____

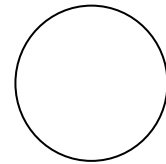
Date: _____

FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.

Signed: _____

Department Officer at Cold store



Please apply Stamp

_____ Date

This completed form should be forwarded by the Department's Officer to:

**APS Section,
Department of Agriculture, Food and the Marine,
Johnstown Castle Estate,
Co. Wexford.
Ph: 053 916 3445
Email: APSAdmin@agriculture.gov.ie**

Aid for the Private Storage of Pigmeat 2022

SUMMARY OF PIGMEAT PLACED IN STORE

Note: This form should be completed and submitted to the Department as soon as all the meat, the subject of the contract has been stored.

CONTRACT NUMBER

CONTRACTOR

COLDSTORE

DATE of commencement of contractual storage period

DETAILS OF MEAT PLACED IN STORE UNDER THE CONTRACT

| Schedule Number | Date into Cold store | Number of half carcasses/boxes | Net Weight (kgs) |
|-----------------|----------------------|--------------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals: | | | |

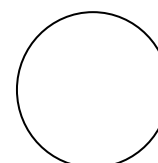
I certify that the above details are correct in all respects.

Signed: (Company Secretary, Director etc.)

Date:

FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.



Please apply Stamp

Aid for the Private Storage of Pigmeat 2022

STATEMENT OF WITHDRAWAL FROM STORAGE

CONTRACT NUMBER

CONTRACTOR

COLDSTORE

I wish to withdraw the following quantities of pigmeat stored under the above contract.

Note: The minimum quantity that can be withdrawn is 5 tonnes per contractor per store.

| Number of half carcasses/boxes | Net Weight (kgs) | Date of Withdrawal |
|--------------------------------|------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| Totals: | | |

Other contracts involved if the withdrawal is less than 5 tonnes.

| Contract Number(s) | Net Weight (Kgs) |
|--------------------|------------------|
| | |
| | |
| | |

I hereby certify that the particulars given above are in all respects accurate, and that the products concerned have been prepared for storage in accordance with the Department's General Conditions of Trader Notice 2022/03.

Signed: (Company Secretary, Director etc.)

Date:

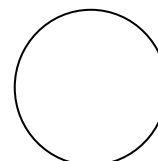
FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.

Signed:

Date:

Please apply Stamp



When completed this form should be forwarded to by Department Officer to

Aid for the Private Storage of Pigmeat 2022

STORAGE CERTIFICATE

CONTRACT NUMBER

CONTRACTOR

COLDSTORE

This form should be completed at the end of the storage period. Section A should show the entire amount of pigmeat stored under the contract; Section B should give details of all pigmeat withdrawn during the storage period; Section C should indicate the balance of pigmeat, if any, remaining after the end of the maximum storage period.

| | | |
|--|------------------------|-------------------------|
| SECTION A: Date of commencement of contractual storage period | | ⇒ -- / -- / ---- |
| The following particulars relate to the entire amount of pigmeat stored under this contract. | | |
| Number of half carcasses | Number of boxes | Net Weight (Kgs) |
| | | |

| | | | |
|---|---------------------------------|------------------------|-------------------------|
| SECTION B: Statement of Withdrawals from Store | | | |
| For completion in respect of pigmeat withdrawn during the storage period. | | | |
| Date of Release | Number of half carcasses | Number of boxes | Net Weight (Kgs) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | | |

| | | |
|--|------------------------|-------------------------|
| SECTION C: Statement of Completion of Storage Period | | |
| For completion in respect of pigmeat in store at the end of the maximum storage period. | | |
| Number of half carcasses | Number of boxes | Net Weight (Kgs) |
| | | |
| The pigmeat referred to above completed the maximum storage period on __/__/____ (date) and remained in store for that entire day. | | |

I hereby certify that the particulars given above in Sections A, B and C are in all respects accurate.

Signed: (Company Secretary, Director etc.)

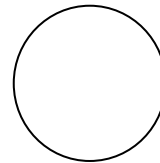
Date:

FOR DAFM STAFF ONLY

I am satisfied on the basis of set checks and controls that the above details are accurate.

Signed:

Please apply Stamp



Date:

Note: At the end of the contractual storage period this form should be forwarded for certification to the Department's Officer at the coldstore. Having certified the form, he/she should forward it to **APS Section, Johnstown Castle, Co. Wexford.**

Ph: 053 916 3445

Email: APSAdmin@agriculture.gov.ie

Aid for the Private Storage of Pigmeat 2022

DECLARATION FORMS

To be completed by lorry driver and given to the Department's officer at the Cold Store

Transport Declaration 1

I hereby certify that I took possession today of

| | | | | |
|----------------|--|--|--|--|
| Container No. | | | | |
| with Seal Nos. | | | | |
| | | | | |

intact fromFactory/Cold Store

for delivery toCold Store

Signed:.....Haulage FirmDate:..... Time:.....
Lorry Driver

Lorry Reg No.

To be completed by lorry driver and left with the receiving Cold Store

Transport Declaration 2

I hereby certify that I delivered

| | | | | |
|----------------|--|--|--|--|
| Container No. | | | | |
| with Seal Nos. | | | | |
| | | | | |

intact toColdstore on

Signed:.....Date:..... Time:.....
Lorry Driver

Lorry Reg No.

Receiving Cold Store Declaration 3

I hereby certify that-

| | | | | |
|----------------|--|--|--|--|
| Container No. | | | | |
| with Seal Nos. | | | | |
| | | | | |

was received today with seals intact. On examination by me the goods contained therein were in accordance with Form PS10 (Transit Form).

Copy 2 of the Transit Form has been retained. Top copy of the Transit Form and the lorry driver's Transport Declaration 2 (signed) are returned herewith.

Signed:.....for.....Cold Store

Signed:..... Date: Time:.....
Department Office

APS Section, Department of Agriculture, Food and the Marine, Johnstown Castle Estate, Wexford
Telephone: 053 9163445 Email: APSAdmin@agriculture.gov.ie

Aid for the Private Storage of Pigmeat 20122

CLAIM FORM

To: **APS Section**
Department of Agriculture, Food and the Marine
Johnstown Castle
Co. Wexford
Ph: 053 916 5533
Email: APSAdmin@agriculture.gov.ie

From: _____
 (Name and Address of Contractor) _____

Trader Reference No. _____

I/We hereby claim payment/advance payment* of € _____ being aid for private storage due to me/us in respect of pigmeat placed in private storage as set out beneath.
 (*delete as necessary)

Note: A separate claim for should be used for each individual contract.

| DETAILS OF CLAIM | | | |
|------------------|-----------------|-----------------------|----------------|
| Contract No | Quantity Stored | Rate of Aid (€/tonne) | Amount claimed |
| | | | |

 Signature
 (by or on behalf of contractor)

 Date