

Appendix D

Stop Order Form

FARMER – (Full Name and Address – Block letters)

NAME:

ADDRESS:

FARMERS' STOP ORDER ACT, 1963

HOLDER: Whitmore Leaf (PRIVATE) LIMITED

(Stop Order holders)

ADDRESSEE: Tobacco Industry and Marketing Board, 429 Gleneagles Road, Willowvale, Harare
(Name and Address)

CLASS OF CROPVIRGINIA TOBACCO.....YEAR CROP IS TO BE MARKETING ...2027

AMOUNT:

(FIGURE & WORDS)

INTEREST AT: FROM: TO:

I/We the above farmer(s) cede to the holder so much of the aforesaid crop & its proceeds as will satisfy the amount with interest as stated herein and I/we authorize and instruct the addressee to pay the holder the said amount and interest from the proceeds of the crop. I/We authorize the addressee to inform the holder and the registrar of the amount of tax addressee is required to pay agent in terms of any law relating to income tax.

Date: Signature of farmer(s).....

Prior Claim of A Co-operative

The Co-operative' prior claim against the above-mentioned crop is \$.....

Date:

Signature on behalf of Co-operative

AMOUNT OF TAX PAYABLE BY AGENT OF FARMER (Income Tax Act) \$.....

PARTICULARS OF PRIOR STOP-ORDERS BINDING THE CROP

NO.	HOLDER	AMOUNT	NO.	HOLDER	AMOUNT

REDUCTIONS, CESSIONS, CANCELLATIONS, ALTERATIONS OF PRIORITY

CERTIFICATE OF REGISTRATION OF STOP-ORDER

Certified/registered on No.

REGISTRATION OF FARMERS' STOP ORDERS

P.O Box 7701, CAUSEWAY

HARARE

Affix Revenue
Stamp Here

Grower No.