

## *Mycoplasma bovis* eradication

### MUSTERING PAYMENT REQUEST FORM

Surveillance Team Lead or ICP Manager to complete this section

Farm name		Agribase ID	
Property owner / Farm Manager		NOD / RP number (if applicable)	
		ICP Manager (if applicable)	
Farm address			
Phone number		Mobile number	
Email address			

Mustering date		Testing round	
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**Musters must meet the following criteria to be eligible for a mustering payment.**

Mustering was undertaken at the direction of the *M. bovis* Programme to collect samples, and was not a planned farm activity or combined with another farm activity (eg. milking, drenching)

The muster delayed or disrupted usual on-farm activity

The mustering took four hours or more

Animals were required to be presented for testing (eg. brought into yards, rather than samplers going to the animals)


*I verify that the muster to collect M. bovis samples occurred and all information I have provided on this form is true, correct and complete.*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



## Farmer to complete this section

*I verify that the muster to collect *M. bovis* samples occurred and all information provided on this form is true, correct and complete.*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email or post the completed form and invoice to the *M. bovis* Programme.

Email: [mbovis2017\\_liaison@mpi.govt.nz](mailto:mbovis2017_liaison@mpi.govt.nz)

Post: Liaison Team – *M. bovis* Programme  
Ministry for Primary Industries  
PO Box 2526  
Wellington 6140



## *Mycoplasma bovis* eradication

### RETROSPECTIVE MUSTERING PAYMENT REQUEST FORM

Use this form to request payment for a muster undertaken before 11 February 2019. A statutory declaration also needs to be completed.

Farm name		Agribase ID	
Property owner / Farm Manager		NOD / RP number (if applicable)	
		ICP Manager (if applicable)	
Farm address			
Phone number		Mobile number	
Email address			

Mustering date	Testing round (if known)

**Musters must meet the following criteria to be eligible for a mustering payment.**

Mustering was undertaken at the direction of the *M. bovis* Programme to collect samples, and was not a planned farm activity or combined with another farm activity (eg. milking, drenching)

The muster delayed or disrupted usual on-farm activity

The mustering took four hours or more

Animals were required to be presented for testing (eg. brought into yards, rather than samplers going to the animals)




# **Biosecurity New Zealand**

Tiakitanga Pūtaiao Aotearoa

*I verify that the muster/s to collect *M. bovis* samples occurred and all information provided on this form is true, correct and complete.*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email or post the completed form and invoice to the *M. bovis* Programme.

Email: [mbovis2017\\_liaison@mpi.govt.nz](mailto:mbovis2017_liaison@mpi.govt.nz)

Post: Liaison Team – *M. bovis* Programme  
Ministry for Primary Industries  
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**Biosecurity New Zealand**

**Ministry for Primary Industries**  
Manatū Ahu Matua

## Mycoplasma bovis eradication

### RETROSPECTIVE MUSTERING PAYMENT REQUESTS – STATUTORY DECLARATION

A payment request for a muster undertaken before 11 February 2019 requires a statutory declaration to be completed, as the muster cannot be verified by a Surveillance Team Lead or ICP Manager.

This declaration must be signed by the person that incurred the cost of the muster or has their authority to sign. For a company, a current company director must sign.

<b>Applicant / signatory's full name</b>	
<b>Applicant / signatory's address</b>	

I solemnly and sincerely declare that:

1. To the best of my knowledge, the information and answers given in this form and in supporting documents attached are true and correct and that I have disclosed all relevant information in relation to this application.
2. I am the Person who incurred the costs of the muster to which this application refers or have the Person's authority to sign this declaration.
3. I authorise the Ministry for Primary Industries (MPI) to give or to obtain from any other party any information that in MPI's view is relevant to verifying and/or assessing this application.
4. I make this solemn declaration to be true by virtue of the Oaths and Declarations Act 1957.
5. I authorise MPI to pay the assessed amount into the bank account or payment details provided with this request.
6. I meet the following criteria for a mustering payment.
  - a) The *Mycoplasma bovis* Programme directed me to muster my cattle
  - b) Mustering was undertaken primarily to collect samples for *M. bovis*, and was not a planned farm activity or combined with another farm activity (eg. milking, drenching).
  - c) The muster/s delayed or disrupted usual on-farm activity.
  - d) The muster/s took four hours or more.
  - e) Cattle were presented for testing (rather than samplers going to the animals).

Complete this section if you wish to authorise another person to be your point of contact or to complete the respective mustering payment request form on your behalf

I hereby authorise \_\_\_\_\_  
to be my point of contact and/or complete the request form on my behalf.

## Sign your declaration in front of an authorised witness

This statutory declaration must be signed and dated in the presence of a person who has the authority to take statutory declarations, such as a Justice of the Peace or a Barrister or a Solicitor.

<b>Your signature</b>	
<b>Declared at town / city</b>	
<b>Date</b>	
<b>Before me: Name of authorised witness</b>	
<b>Authorised witness signature</b>	
<b>Authorised witness official stamp</b>	