

Amalgamation Request Form



COGGO

15/219 Canning Hwy
South Perth W.A. 6151
Locked Bag 888
Como WA 6952
Tel: (08) 9368 8750
Fax: (08) 9368 8751

General Information

Date submitted:.....
Amalgamation Request submitted by:
Contact telephone number:.....

Primary Account

Member Trading Name: **COGGO Membership No:**

.....

Grower Numbers

AWB: CBH:.....

Postal Address:

.....

Town: Post Code:

Accounts to be Amalgamated with Primary Account

1.) Member Trading Name: **COGGO Membership No:**

.....

Grower Numbers

AWB: CBH:

2.) Member Trading Name: **COGGO Membership No:**

.....

Grower Numbers

AWB: CBH:

All parties to sign to confirm amalgamation.

(1) _____
Signature Name Date

(2) _____
Signature Name Date

(3) _____
Signature Name Date