



WEB SITE: [POLLINATION.NZ](http://POLLINATION.NZ)  
Email: [atpollination@gmail.com](mailto:atpollination@gmail.com)

**CHRISTOPHER BROWN**  
**MOBILE:** 027 945 2993

# ORDER FORM

Name Owner: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name Manager: \_\_\_\_\_ Mobile: \_\_\_\_\_

Orchard Name: \_\_\_\_\_ KPIN: \_\_\_\_\_

Orchard Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Bill to: (ie Company name etc) \_\_\_\_\_

Email for Billing  
\_\_\_\_\_

Variety: \_\_\_\_\_ P/O Number: \_\_\_\_\_

Row Width: \_\_\_\_\_

Number of Applications: 1  2  3

Rate of Pollen Application: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Pollen Supplied by Client: \_\_\_\_\_ Kg

Pollen Supplied by ATP: \_\_\_\_\_ Kg

Area to be Pollinated: \_\_\_\_\_

Blocks To Be Pollinated: \_\_\_\_\_

**Map:** Please attach your latest map. Showing blocks for Pollination. Also required for Health and Safety requirements

**Please contact the office for scheduling. Phone 027 291 6321**

**Please let us know when your bees are in the Orchard or 2 days before pollination is required for scheduling purposes**

Health and Safety at Work legislation requires the latest orchard map to be attached highlighting Orchard hazards & risks, locations of toilets, handwashing, drinking water, first aid facilities & evacuation point.