Nursery name:

Nursery address:

Date of Dispatch	
Being sent to: **(Orchard name & KPIN or nursery name and address)**	
Region:	
Batch information	Batch: Traceability #: Variety Quantity
Pre-dispatch treatment	Date: Product Used
Pre-dispatch inspection *"Product is free of target organisms at time of dispatch"*	Date: Signed:

***Note**: The Kiwifruit Plant Certification Scheme Logo can be included on this template once nurseries have passed external audit and monitoring requirements. Use of the KPCS logo for non-certified plants is strictly prohibited.*

The above information is correct at time of dispatch from nursery

Name _____

Signature: _____