



FORM	FORM FOR GROUP MANAGER REGISTRATION		 
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FORM FOR GROUP MANAGER REGISTRATION

Name of the Group:.....

PARTICULARS OF THE MANAGER

Full name.....

Mailing address.....

Department..... **ZIP CODE**.....

Contact Phone numbers.....**Fax**.....

E-mail address.....

PARTICULARS OF THE GROUP

No. of farms.....

Total area (ha).....

Certification Body.....

Scope of group certification

.....

I hereby state that I accept the conditions established in the Protocol and in the General Procedures of the Certified Natural Meat Program of Uruguay, and I hereby accept that my name be published in the webpage of the CNMPPU (www.inac.gub.uy).

Montevideo,, 20.....

SIGNATURE.....