CATTLE MOVEMENT DOCUMENT

| This form must be completed and accompar | y any cattle moving to Scotbeef | Ltd | | r | Pate of Intake: |
|--|--|---|---|----------------------------------|--|
| Time of Loading first animal on farm: | | 36 | | | appNo: |
| | | 100 | 387 | Н | laulier Name: |
| Time of unloading loast animal at abattoir : | LIMIT | E D | | v - | /ehcile Reg: |
| For official use only | | | | | |
| Producer Details: | Payee Details (if | | 1. Premises of D | Departure | e: |
| | different from those held by Scotbeef) | | | | |
| | linese near by decision, | | (Please affix BCI | | |
| | | | CPH No of holding | | ved from your holding write in Address and arture |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Producer Code: | | | 2. Premises of | Destinati | ion: |
| | | | Scotbeef Ltd Longleys | | |
| Farm Assurance Number: | | | Bridge of Allan | | |
| Contact Tel No: | | | Stirling FK9 4NE | | |
| SF Status: | | | 3. Date of Move | ement: | |
| | | | | | |
| PLEASE SPECI | FY 50%/75%/100% AA AN | D COMPLETE S | SIRE ID FOR ALL | ANGU | S CATTLE |
| • | | | | | |
| OFFICIAL EARTAG NUMBER | BREED | SEX | ANIMAL 509 BEEN ON | AA %/75% / 00% | AA SIRE ID. OFFICIAL EARTAG NUMBER OR REGISTERED SIRE NAME |
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| 5 | N. | | | | |
| Declaration: I declare that all information on this document is and each animals holds a valid passport corres Food is of plant origin and does not contain any I delcare that the cattle in this consign derived products to include: Barley, Brewers Grains, Barley Dark Gulms, Oats, Oat Hulls, Oat Feed, Who DELETE AS APPLICABLE. | ponding to its official ministry earlag Anit-Micrological growth promoters ament have been finished on trains, Corn Gluten Feed, Co | g. s. To my knowledge, a ration containi rn Gluten Meal, N | I declare that these catt ing in excess of 509 Maize Grain, Maize | le are nei % (Dry I Germ M | ither cloned or progency of cloned cattle. Matter Intake) cereals or ceral leal, Maize Dark Grains, Malt |
| YES / NO | | | | | |
| Print Name: | | | | | |
| Signed: | Date: | | | | |
| Email :(Please Complete) | (| | | | |
| (i ioase combiere) | | | | | |



FOOD CHAIN INFORMATION FOR CATTLE

I confirm the following:

- 1. The holding is / is not^(*) under movement restriction for bovine Tuberculosis (TB). (*) delete one.
- 2. The holding is not under movement restriction for any other animal disease or public health reason.
- 3. The cattle in this consignment have not originated or been held on a holding in the last 20 days which is within 50km of a confirmed case of Anthrax.
- 4. Withdrawal periods have been observed for all veterinary medicines or other treatments administrated to the animals while on this and previous holdings.
- 5. The animals are not suffering from any disease or condition, and any withdrawal period have been met for any previous illness.
- No analysis of samples taken from animals on the holding or other samples has shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of meat or to substances likely to result in residues in meat.
- 7. Cows only: The cow(s) have been dried off.

| 8. Dairy Cows in mill | x: The cow(s) were last milked on date at time |
|-----------------------|--|
| Keeper's signature | |
| PRINT NAME | |
| Date | |
| | |

If the animals do not fulfil all the above statements, tick this box and provide additional information below.

| Keeper's signature | |
|--------------------|--|
| PRINT NAME | |
| Date | |