Oxbury
The Agricultural Bank

Evidenced Practices Form: Oxbury Transition Facility

This form must be signed by a third-party advisor to the applying farm business.

The advisor could be an agronomist, nutritionist, agricultural business advisor, land agent/surveyor, or other.

Customer Name			
Business Name			
Practice 1 (From the eligible criteria)			
Area of Practice (Hectares)		**Type of evidence** (attached on email – e.g. Photo/Invoice)	
Years of Practice Use			
Practice 2 (From the eligible criteria)			
Area of Practice (Hectares)		**Type of evidence** (attached on email – e.g. Photo/Invoice)	
Years of Practice Use			
Practice 3 (Optional) (From the eligible criteria)			
Area of Practice (Hectares)		**Type of evidence** (attached on email – e.g. Photo/Invoice)	
Years of Practice Use			

Advisor Name	
Advisor Business Name	
Advisor Business – Website Link	
Advisor Role (e.g. Agronomist, nutritionist etc.)	
By signing this document, you are making an express representation to Oxbury that to the best of your knowledge, the practices outlined in this document are at the time of entering into this agreement are undertaken on the farm and the evidence provided fairly represents those practices.	
Advisor Signature	
Date of Signature	