![icbf logo]

National Genotyping Programme Sign-up Form

All fields marked * must be completed or your application will not be accepted.

Herd Number*: ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Mobile *:** _____

Email*: _____ Eircode (Optional): _____

Current Tag Supplier (Tick One Only)*:   **Agrihealth (Agritags)** ☐   **Datamars** ☐

Cormac Tagging ☐   **Mullinahone Co-op** ☐

Do/Will you have heifers/youngstock being reared in another herd number*?   **Yes** ☐   **No** ☐

(Where applicable) Contract Rearers Herd Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐

*Please note that Direct Debit Details will be used for all National Genotyping Programme payments (genotyping, HerdPlus membership)

Note: Your IBAN and BIC numbers required below are available on your bank current account statement

DIRECT DEBIT MANDATE (SEPA)

By signing this mandate form, you authorise (A) Irish Cattle Breeding Federation Society Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Cattle Breeding Federation Society Ltd. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all fields marked *

Type of Payment	**Recurrent payment** ✓ or **One-off payment** ☐
Creditor's name	**Irish Cattle Breeding Federation Society Ltd**
Creditor's address	**Link Road, Ballincollig, Cork. P31 D452.**
Creditor identifier	I E 9 5 S D D 3 0 5 1 3 3
Unique Mandate Reference	Unique Mandate Reference (UMR) to be completed by Irish Cattle Breeding Federation Society Ltd
Name of Account Holder *	
Address of Account Holder *	
Account number – IBAN *	
Bank identifier code – BIC *	

I confirm that I am the stated account holder for the Direct Debit Mandate above. I understand and accept the Terms and Conditions of the National Genotyping Programme as set out at https://www.icbf.com/wp-content/uploads/2025/05/Terms-and-Conditions-NGP-Version-4.0-for-herds-joining-in-2025.pdf and I wish to apply to the NGP.

Signed: _____ **Date:** _____ / _____ / _____

Return completed application form to ICBF, Link Rd., Ballincollig, Cork, P31 D452