

GLAS TRAINING SCHEME

APPLICATION FOR APPOINTMENT OF NOMINEE

Herd No.: _____

Name: _____

Address: _____

Nominee Name: _____

Address: _____

Relationship to Herd Owner: _____

Reason for Request*: _____

***You may attach further details including supporting documentation e.g. medical certificate if making an application on medical grounds.**

Signed: _____ **Date:** _____
Herd Owner(s)

Signed: _____ **Date:** _____
Nominee