**LESSOR**

**I;**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | |  |  | Given Names |  | | |  | |
| Address |  | | | | | | | |  | |
| Address 2 |  | | | | | | Postcode |  |  | |
|  |  | |  |  |  |  | | |  | |
| Telephone Number: | |  | | | | | | | |

**Being the owner of the said land Section:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lot No |  | | |  |  | Area | (acres/hectares) | | |  |
| Hundred |  | | |  |  | County |  | | |  |
| Parish |  | | |  |  | Shire |  | | |  |
|  |  |  |  |  |  |  |  |  |  |  |

**LESSEE**

**The said land is leased to:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  |  |  | Given Names |  | | |  |
| Address |  | | | | | | |  |
| Address 2 |  | | | | | Postcode |  |  |
|  |  |  |  |  |  | | |  |

|  |  |
| --- | --- |
| Commencement date of lease |  |

|  |  |
| --- | --- |
| Term of lease |  |

**AUTHORISATION**

**I HEARBY AGREE:**

To allow the lessee to manage the said leased area of land as required under the ‘National Certification Program’ operated by the Australian Certified Organic.

I will not personally, nor give a direction of action which may void the lessee’s certification (e.g. any use of chemicals).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Authorised by: |  |  |  |  |  |  |
|  | Print Full Name Clearly |  | Signature |  | Date |  |