

## Request For Quote

Name of grower ..... Phone .....

Name of manager ..... Phone .....

Primary contact .....

Orchard name ..... KPIN/S .....

Orchard address .....

Email for billing .....

Variety ..... Row width .....

Total area to be pollinated (Ha) .....

Blocks/MA's to be pollinated ....., ....., .....

Expected full bloom date .....

Orchard Map

(Please attach up to date orchard map up. Also highlight any health and safety concerns on your orchard.)

Kgs pollen supplied .....(by grower) .....(by Kiwi Pollen)

Please contact Kiel Mans for scheduling: 027 419 2862 kiel@kiwipollen.com

Please ensure 2 or more days' notice of when you would like your orchard to be pollinated and any activities of bees and flowers progressing.

After KP Application service is booked, your booking will be prioritised and the services are subject to logistics and availability by KP Application at the time of pollination. Let us know if you have any questions.