

Appendix 5. Annual Report Form

Low-THC Hemp Annual Report

This form **must** be submitted **by 1 August each year for each location** approved at any time in the preceding financial year from 1 July to 30 June, even where no planting has occurred. A separate Annual Report must be submitted for each approved location.

Licence Holder Details			
Licence holder name:		Licence number:	
Mobile:		Email:	

Information Relating to the Low-THC Hemp Location			
Address:			
Lot / DP number(s):			
☐ No planting			
Planting #1	Planting notification reference number: PN-		
Variety (1 only)	Crop Area (specify ha or m ²)	Crop Type	Crop Outcome
		☐ Fibre ☐ Seed ☐ Flower ☐ Cuttings ☐ Whole plant/seedlings	☐ Current crop ☐ Partial failure ☐ Successful harvest ☐ Complete failure

Successful Harvest		
Harvest Area (specify ha or m ²)	Yield (volume per crop type: specify g/kg/tonnes)	Purpose
		☐ Viable seed/resowing ☐ Construction ☐ Food ☐ Textile ☐ Cosmetics ☐ Oil ☐ Resin ☐ Research ☐ Animal products ☐ Other _____

Failed Harvest		
Reason for Failure	Disposal/Destruction Method	Volume (specify g/kg/tonnes or number of plants)

Research (relates to licences for scientific purposes only)			
Status	Destination of Used Material	Disposal/Destruction Method	Research Topic/s
☐ Ongoing ☐ Complete	☐ Disposed of ☐ Destroyed ☐ Further research		

Planting #2	Planting notification reference number: PN-		
Variety (1 only)	Crop Area (specify ha or m²)	Crop Type	Crop Outcome
		☐ Fibre ☐ Seed ☐ Flower ☐ Cuttings ☐ Whole plant/seedlings	☐ Current crop ☐ Partial failure ☐ Successful harvest ☐ Complete failure
Successful Harvest			
Harvest Area (specify ha or m²)	Yield (volume per crop type: specify g/kg/tonnes)	Purpose	
		☐ Viable seed/resowing ☐ Construction ☐ Food ☐ Textile ☐ Cosmetics ☐ Oil ☐ Resin ☐ Research ☐ Animal products ☐ Other _____	
Failed Harvest			
Reason for Failure		Disposal/Destruction Method	Volume (specify g/kg/tonnes or number of plants)
Research (relates to licences for scientific purposes only)			
Status	Destination of Used Material	Disposal/Destruction Method	Research Topic/s
☐ Ongoing ☐ Complete	☐ Disposed of ☐ Destroyed ☐ Further research		

Declaration	
- I/we hereby certify that all information provided on this form is true and correct. - I/we hereby certify that I am authorised to submit this form on behalf of this business.	
Name:	
Signature:	Date:

Please return this form by post or email to: PO Box 232, Taree NSW 2430 or bfs.admin@dpird.nsw.gov.au