



OWNER (PLEASE PRINT)

Name
Address
Telephone
e-mail

ADVISER DATE:

Name
Address
District Municipality
Local Municipality
Telephone
e-mail

Sample ID		Laboratory Number	To ensure complete analysis on these samples please indicate if the following analysis are also required for these samples: (tick)	
1				
2				
3			CNS (soil)	
4			Fertility (soil)	
5			Texture (soil)	
6			Please note: Fertility, Texture and CNS analysis are done in different laboratories. Please complete the relevant submission forms.	
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Cost per sample R160				