



NTA-RD-F-006-A rev 02

**LIST OF WTD/s WHERE THE BS
WILL SELL/DELIVER LEAF TOBACCO ACCEPTANCES**

Trading Year _____

Name of WTD/s	Address of WTD/s	Authorized Signatory	
		Name of Manager	Authorized Representative

Prepared by:

Signature Over Printed Name of BS Clerk

Certified Correct:

Signature Over Printed Name of BS Manager/
Authorized Representative