



NTA-RD-F-006-A rev 01

**LIST OF WTD/s WHERE THE TC
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 TC Clerk

Certified Correct:

Signature Over Printed Name of TC Manager/
Authorized Representative