

Regulations under the *Foot and Mouth Disease  
Compensation Ordinance 1958-1961*

I, ROGER LEVINGE DEAN, the Administrator of the Northern Territory of Australia, having received the advice of the Administrator's Council, in pursuance of the powers conferred on me by the *Foot and Mouth Disease Compensation Ordinance 1958-1961* and the *Administrator's Council Ordinance 1959-1963*, hereby make the following Regulations.

Dated this seventh day of March, 1966.

R. L. DEAN,  
Administrator

FOOT AND MOUTH DISEASE COMPENSATION REGULATIONS

- |  |   |
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| 1. These Regulations may be cited as the Foot and Mouth Disease Compensation Regulations.  | Citation  |
| 2. In these Regulations, unless the contrary intention appears—<br><br>“the Ordinance” means the <i>Foot and Mouth Disease Compensation Ordinance 1958-1961</i> ;<br><br>“the Schedule” means the schedule to these Regulations.   | Interpretation  |
| 3. A claim submitted under section 4 of the Ordinance may be in accordance with Form 1 in the Schedule.  | Form of claim   |
| 4. A declaration accompanying such a claim may be in accordance with Form 2 in the Schedule.   | Form of declaration   |
| 5.—(1.) For the purposes of section 10 of the Ordinance, the value of an animal or other property in respect of which compensation is payable is the value of that animal or property as determined —<br><br>(a) by agreement made between an inspector and the owner and approved by the Chief Inspector; or<br><br>(b) failing agreement between an inspector and the owner as to the value, by an arbitrator appointed by the Administrator in Council. | Ascertainment of value of animals or property in respect of which compensation is payable |

(2.) In this regulation "owner" means the owner as defined in section 3 of the Ordinance or a person authorized in writing by such an owner to act for him for the purposes of this regulation.

THE SCHEDULE

Form 1

THE NORTHERN TERRITORY OF AUSTRALIA  
Foot and Mouth Disease Compensation Regulations

Regulation 3

COMPENSATION CLAIM

To the Chief Inspector of Stock,  
Northern Territory Administration,  
DARWIN.

In accordance with section 4 of the *Foot and Mouth Disease Compensation Ordinance* 1958-1961, I hereby claim compensation for animals/property destroyed (or deemed to have been destroyed) under the *Stock Diseases Ordinance* 1954-1963 and attach a declaration as required.

\* Attached is a document in writing signed by the owner authorizing me to submit this claim.

(Signed) .....

\*Owner.

\*Person authorized in writing by owner to submit claim.

Date / / .

\* Cross out if inapplicable.

FOR OFFICE USE ONLY

I certify that this claim is payable.  
(Section 6(1.)).

.....  
Chief Inspector

I certify that in my opinion there are reasonable grounds to believe that the animals the subject of this claim died from foot and mouth disease.  
(Section 4(2.)).

.....  
Stock Inspector

Form 2

THE NORTHERN TERRITORY OF AUSTRALIA  
Foot and Mouth Disease Compensation Regulations

Regulation 4

DECLARATION

I, \_\_\_\_\_, of \_\_\_\_\_,  
do hereby declare —

(a) that I am \*the owner of the animals and property to which this declaration relates/\*a person authorized in writing by the owner to submit a claim under section 4 of the Ordinance; and

(b) that the following information —

- (i) relates only to animals or property, or both, in respect of which a claim may be submitted under section 4 of the Ordinance; and
- (ii) is true and correct in every particular.

Animal or item of property destroyed	Place of destruction of animal or item of property	Date of destruction of animal or item of property	Amount of compensation claimed	Nature and value of owner's interest in animal or item of property destroyed	Whether died or destroyed by inspector or destroyed on Inspector's order
			\$		

Each value set out above has been determined —

- \* (a) by agreement made between an inspector and the owner or a person authorized in writing by the owner to act for him, and approved by the Chief Inspector; or
- \* (b) by an arbitrator appointed by the Administrator in Council, for the purposes of regulation 5 of the Foot and Mouth Disease Compensation Regulations.

(Signed) .....  
 \*Owner  
 \*Person authorized in writing by owner to submit claim  
 Date        /        /        .

\* Cross out whichever is inapplicable.