

Application Form AP2

Homekill and Recreational Catch Service Provider listing

New

Renewal

Listing as a homekill and recreational catch service provider with the Director-General of the New Zealand Food Safety Authority is required under section 75 of the Animal Products Act 1999.

Send the completed application form together with the fee to New Zealand Food Safety Authority (NZFSA), Approvals & ACVM Group at the above address.

If there are any changes to the details provided in this application subsequent to listing, you must inform NZFSA, Approvals & ACVM Group, in writing.

Refer Privacy Act notes at the end of the form regarding the collection of personal information on individuals.

1. Business Identification

A unique identifier must be assigned to each Homekill and Recreational Catch Service Provider listing. Please choose 2 business identifiers in the event that the identifier chosen is not available for use. Identifiers must have at least 3, and no more than 10, characters, at least 1 numeric character and no leading zeros.

ID: (1st choice):	(2nd choice):
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2. Applicant Name

Registered company name or partnership names (including the trading name) or individual name(s). Refer to application form guidelines for explanation.

Full legal name:

3. Business Address and Contact Details

Physical (for service / delivery of items):	Phone No:
	Fax No:
Postal (for communication): (Please include Post Code)	E-mail:
	[<input type="checkbox"/>] tick for consent to being provided electronic information.
Briefly describe area of operations if you provide on-farm services:	

4. Registered Company Address and Contact Details

Only complete if the applicant is a registered company and if details are different from the business address in Section 3.

Legally registered address of operator:	Phone No:
	Fax No:
	E-mail:

5. Dual Operator Butchers

Are you also a retail butcher at the same address detailed in Section 3? **Yes** [] **No** [] (if NO continue to section 6)

If you answered **YES** to the above you must register a Risk Management Programme with NZFSA. For information regarding development and registration of a Risk Management Programmes for Dual Operator Butchers please visit our website <http://www.nzfsa.govt.nz/> Specific information is available at: <http://www.nzfsa.govt.nz/animalproducts/subject/dual-butcher/index.htm>

6. Applicant Declaration

I declare I am authorised to make this application and that the information supplied is truthful and accurate to the best of my knowledge. I do not process for sale or reward or trade in any regulated animal product for human or animal consumption at this premises or place, except where I have indicated in section 5 that I am a retail butcher.

Name: _____ Date: _____

Designation: _____ Signature: _____

7. NZFSA Service Charge

ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: \$137.25 incl. for new applications / renewal applications.

GST No: 97-200-130

Note: In addition to the application fee, an assessment fee based on an hourly rate of **\$137.25** per hour and **\$34.31** per part hour (incl. GST) will be charged.

PAYMENT OPTIONS:

Payments comprising multiple fees must be supported by a remittance advice. Please attach your advice to this application or send it separately to: **NZFSA Approvals, PO Box 2835, Wellington 1640.**

NZFSA does not accept cash. Payment must be made using one of the following methods. (Please tick and fill in the appropriate section.)

[] **DIRECT CREDIT:**

- 1. Pay into Bank Account no. **03 0049 0004918 000**
- 2. In the 'Reference' details, put the words: **HOMEKILL**
- 3. Enter the date of deposit and the payee name on this form below:

Date of deposit: _____

Payee name: _____

[] **CHEQUE:**

- 1. Make the cheque payable to **New Zealand Food Safety Authority.**
- 2. Attach the cheque to this application.

[] **CREDIT CARD:**

- 1. Tick the type of card you wish to use: [] AMEX [] Diners [] Mastercard [] VISA
- 2. Fill in the card details below:

Card no:																				
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Name on card: _____

Expiry date: _____

Signature: _____

8 Final checklist [✓]

Have you:

- read and understood this form and any associated guidance document?
- filled this form in completely and legibly?
- read and signed the Applicant Declaration (section 6)?
- indicated how the fee will be paid for this application and, if required, attached a cheque (section7)?

Collection of Personal Information on Individuals

In regard to any information being collected on this application for listing as a homekill / recreational catch service provider, pursuant to the Animal Products Act 1999 (that is personal information identifying or being capable of identifying an individual person), notification is hereby provided in accordance with principle 3 of the Privacy Act 1993, to individuals of the following matters:

1. This information is being collected for purposes relating to homekill / recreational catch service provider listing and the administration of the Animal Products Act 1999 and regulations and notices made under that Act.
2. The recipient of this information, which is also the agency that will collect and hold the information, is the New Zealand Food Safety Authority, P O Box 2835, Wellington 6140.
3. The collection of information is authorised under section 75 of the Animal Products Act 1999. The provision of this information is necessary in order to process this application. Failure to provide information is likely to result in the return of this application form to the applicant for completion.
4. You are reminded that under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information, which has been provided.

NZFSA Administration

Date	Receipt No.
Name	Signature