

## Notification Form WA12: Update to Wine Standards Management Plan

Please use this form to notify NZFSA of minor amendments to your wine standards management plan. These include changes that impact on registration details to be shown on the public register of wine standards management plans. These do not include significant amendments as defined under section 22 of the Wine Act 2003.

Please note that if you are applying for a change in operator or operator name you must use a WA5 "Registration of Wine Standards Management Plan under New Operator".

Send the completed form and other appropriate documentation to the New Zealand Food Safety Authority, Approvals & ACVM Group, Production and Processing Unit at the above address.

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

### 1. Applicant Details

Full legal name of operator:	WSMP Identifier:
Physical address of business:	

### 2. Notification Category

Surrender of Wine Standards Management Plan (go to section 3):

Change of postal address and/or contact details (go to section 4)  
NB: A change to the physical address of your operation is a **significant amendment**; please complete a WA6 form.

Change in trading name (go to section 5)  
NB: This does not apply to a change of **operator name**. If there is a change in operator name, please complete a WA5 form.

Change of responsible person (go to section 6)  
NB: This does not apply to a change of **operator**. If there is a change in operator, please complete a WA5 form.

Change to scope of winemaking operation (go to section 7)  
NB: a change in the winemaking activities is a **significant amendment**; please complete a WA6 form.

Change to WSMP type (go to section 8)

Other (go to section 9)

### 3. Surrender notification

Surrender of wine standards management plan registration to the Director-General of the New Zealand Food Safety Authority is required under section 27 of the Wine Act 2003.

I..... wish to surrender the registered wine standards management plan for business  
.....as at date: \_\_\_/\_\_\_/\_\_\_ . The wine standards management plan ID number  
is.....

Please attach:

Original registration documentation issued by NZFSA

Copy of notification sent to your nominated Recognised Agency notifying them of the surrender

Details as to how you propose to deal with any remaining wine material or product covered by the wine standards management plan (where applicable)



I declare that:

- a) I am authorised to make this application as the Operator of the WSMP or person with legal authority to act on behalf of the Operator; and
- b) The information supplied in this application is truthful and accurate to the best of my knowledge.

Name:

Date:

Designation:

Signature:

## 11. Final checklist [ ✓ ]

Have you:

- filled this form in completely and legibly?
- provided any documents as required?
- read and signed the Applicant Declaration (section 10)?

### Collection of personal information on individuals

This notification applies to:

- (i) any information being collected on this application for registration of a WSMP;
  - (ii) any other information as required under s18 of the Wine Act 2003;
- that is *personal information* identifying or capable of identifying an individual person.

For the purposes of Principle 3 of the Privacy Act 1993, notification is provided to applicants and any individuals associated with an application of the following matters:

1. This information is being collected for purposes relating to wine exporter eligibility and the administration of the New Zealand Food Safety Authority Wine Programme.
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, PO Box 2835, Wellington.
3. The collection of information is authorised under section 22 of the Wine Act 2003 and its provision by the applicant is mandatory.
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 under or in support of this application.

### NZFSA Administration:

Date processed:

Receipt No. (if applicable):

Name:

Signature: