

Application Form WA8 Recognised Agency

This application for recognition as an agency is made under section 69 of the Wine Act 2003. The criteria for recognition as an agency are outlined in clause 7 of the Wine (Recognised Agencies and Persons) Notice 2007.

Send the completed application form together with the fee, consent to disclosure form and other appropriate documentation to the New Zealand Food Safety Authority, Approvals & ACVM Group, at the above address.

If there are any changes to the details provided in this application subsequent to recognition, you must inform the New Zealand Food Safety Authority (NZFSA), Approvals & ACVM Group, in writing.

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

1. Identification:

A unique identification must be assigned to each recognised person. Please choose 2 identifiers in the event that your first choice is not available for use. The Identifier must be at least 3 and no more than 10 characters with at least 1 numeric character and no leading zeros.

ID (new / current):	(2nd choice):
---------------------	---------------

2. Applicant Name:

Registered company name or partnership names (including trading name) or sole trader.

Full legal name of agency applying for recognition:

3. Address and Contact Details of Applicant

Physical (for service):	Phone No:
	Fax No:
Postal (for communication): (Please include Post Code)	E-Mail:
	<input type="checkbox"/> tick for consent to being provided electronic information

4. Names of Directors of the Applicant or those Responsible for its Management or Control

List all persons.

List all persons.

NOTE: Refer to Appendix 1 for the Consent for Disclosure, which must be completed by all persons listed in section 4.

5. Contact for Correspondence:

Name:

6. Accreditation Status (✓)

- Accredited to ISO 17020 as a type A inspection body
- In the process of gaining ISO 17020 accreditation from an accreditation body
- Not yet accredited to ISO 17020

7. Functions and Activities:

Functions	Activities
<input type="checkbox"/> Verification	<input type="checkbox"/> Wine Standards management Plans <input type="checkbox"/> Export Eligibility and OMARs

8. Minimum Documentation Requirements attached

- Evidence of ISO 17020 accreditation, or achievement of relevant sections of that accreditation if any
- Copies of policies and procedures required for temporary recognition as detailed in 7(2) of the Wine (Recognised Agencies and Persons) Notice 2007.*
- Individual Consent for Disclosure forms for each person listed in section 4

* In absence of own policies and procedures NZFSA approved policies may be adopted.

9. Applicant Declaration: To be completed by applicant.

I declare that:

- a) I am authorised to make this application on behalf of the applicant; and
- b) The information supplied in this application is accurate; and
- c) The Directors of the applicant or those responsible for its management or control are of good character and reputation; and
- d) There is no other information I am aware of that affects the ability of the applicant to maintain an appropriate degree of impartiality and independence in managing the functions and activities for which the applicant has applied to be recognised.

Name: _____ Date: _____

Designation: _____ Signature: _____

NZFSA Administration:

Date processed	Receipt No.
Name	Signature

11 NZFSA Service Charge:

ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: \$411.75 incl. GST

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 quarter hour (incl. GST) may 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 6140.**

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 000 4918 000**
2. In the 'Reference' details, put the words: **AGENCY**
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:

Name on card:

Expiry date:

Signature:

Collection of Personal Information on Individuals

In regard to any information being collected on this application for recognition pursuant to the Wine Act 2003 (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 recognition and general administration of recognised persons and agencies under the Wine Act 2003 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 74 of the Wine Act 2003. 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.

