

Notification Form WA9 Change of Recognised Agency for Verification Purposes

This form is for use where a wine standards management plan operator elects to change the recognised agency responsible for verification activities under section 17(3)(g) of the Wine Act 2003 or where the contract between the operator and the recognised agency has been terminated.

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

1. Operator Details

Business ID:	Full Legal Name:		
Physical Address:	Phone No:		Fax No:
Postal Address: (Please include Post Code)	E-mail:		

2. Current Recognised Agency Details:

Recognised Agency Name:		
Physical (for service):	Phone No:	
Postal (for communication): (please include Post Code)	Fax No:	

3. New Recognised Agency Details:

Recognised Agency Name:		
Physical (for service):	Phone No:	
Postal (for communication): (please include Post Code)	Fax No:	

4. Transitional Information

You must complete the following and supply evidence of each before you can change recognised agencies.

- [] The current recognised agency responsible for verification activities has been informed of the intention of the wine standards management plan operator to change agencies.
- [] A contract has been signed with the new recognised agency to allow them to undertake verification functions in respect of the registered wine standards management plan.
- [] There are no outstanding corrective actions under the current recognised agency contracted to verify this wine standards management plan.
- [] Agreement has been obtained from the recognised agencies concerned and/or NZFSA to allow the transfer of any outstanding corrective actions.
- [] Agreement has been reached between the recognised agencies concerned in respect to the transfer of any information and associated files directly relating to verification activities undertaken prior to the change.
- [] The new recognised agency has been provided with copies of the last two verification reports.

Date current RA informed:	Date at which new contract takes effect:
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5. Applicant Declaration: To be completed by applicant.

I declare that:	
(a) The applicant has informed the existing recognised agency of their intention to change service providers.	
(b) A contract exists between the applicant and the new recognised agency who will become responsible for undertaking verification activities under Section 17(3)(g) of the Wine Act 2003.	
(c) All corrective actions outstanding from previous audit reports have been closed out or agreement has been obtained from the agencies concerned or NZFSA to transfer corrective actions across to the nominated recognised agency.	
(d) I am authorised to make this application on behalf of the applicant.	
Name:	Date:
Designation:	Signature:

6. Current Recognised Agency Declaration: To be completed by the current recognised agency.

I declare that:	
(a) The applicant has informed us of their intention to transfer verification activities to another recognised agency.	
(b) Agreement has been made in respect to the transfer of any information directly relating to verification activities to the operators nominated recognised agency.	
(c) All corrective actions outstanding from previous audit reports have been closed out or agreement has been obtained in respect to the transfer of corrective actions to the nominated recognised agency.	
(d) The information in section 4 of this form is true and correct.	
Name:	Date:
Designation:	Signature:

7. New Recognised Agency Declaration: To be completed by the newly nominated recognised agency.

I declare that:

- (a) A contract exists between the applicant and this recognised agency that will become responsible for undertaking verification activities under section 13(f) of the Wine Act 2003.
- (b) Agreement has been made in respect to the transfer of any information directly relating to verification activities to the operators nominated recognised agency.
- (c) All corrective actions outstanding from previous audit reports have been closed out or agreement has been obtained in respect to the transfer of corrective actions to the nominated recognised agency.
- (d) The information in section 4 of this form is true and correct.

Name:

Date:

Designation:

Signature:

8. Service Charge

ON PAYMENT THIS BECOMES A TAX INVOICE

ADMINISTRATIVE FEE: \$137.25 incl. GST.

GST No: 97-200-130

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 0004918 000**
- 2. In the 'Reference' details, put the words: **CHANGERA**
- 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: