

Application Form WN1: Wine Exporter Registration **New** **Renewal**

- **REGISTRATION AS A WINE EXPORTER IS ONLY REQUIRED FOR EXPORTERS OF FRUIT WINE, VEGETABLE WINE, CIDER, MEAD, OR NON-NEW ZEALAND GRAPE WINE. PLEASE REFER TO <http://www.nzfsa.govt.nz/wine/exporting/general-duties-all-wine-exporters/index.htm>**
- Registration as a New Zealand exporter or as a New Zealand agent acting for a foreign exporter with the Director-General of New Zealand Food Safety Authority is required under section 48 of the Wine Act 2003. Refer to application form guidelines for explanation as to completion of this form.
- If registering as a New Zealand agent acting for a foreign exporter, then the New Zealand agent must complete this application form as the applicant and the foreign exporter must complete the declaration in section 6c.
- Send the completed application form together with the fee to New Zealand Food Safety Authority (NZFSA), Approvals & ACVM Group, at the above address.
- This application form has been approved by the Director-General in accordance with section 48 of the Wine Act 2003.
- If there are any changes to the details provided in this application subsequent to registration, you must inform 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. Exporter Identification:

A unique identification will be assigned to each exporter. 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: (existing / 1st choice):	(2nd choice):
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2. Applicant Name:

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

Full legal name:

3. Business Address and Contact Details:

Physical (for service/delivery of items):	Phone No:
Postal (for communication): (Please include Post Code)	Fax No:
	E-mail:
	[] tick for consent to being provided electronic information.

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 exporter:	Phone No:
	Fax No:
	E-mail:

5. Countries Products are Exported to:

Export Country(ies)	Product(s)

6. Where Applicant is a New Zealand Agent Acting for a Foreign Exporter:

Where applicant is a New Zealand agent acting for foreign exporter the following details are required:

6a. Foreign Exporter Name:

Full legal name:

6b. Foreign Exporter Business Address and Contact Details:

Physical (for service):	Phone No:
Postal (for communication):	Fax No:
	E-mail:

6c. Foreign Exporter Declaration: To be completed by foreign exporter.

I declare I am authorised to make this declaration as a foreign exporter with the applicant acting as my New Zealand agent and that the information supplied in this application is truthful and accurate to the best of my knowledge.	
Name:	Date:
Designation:	Signature:

7. Applicant Declaration: To be completed by applicant.

I declare that:	
(a) I am authorised to make this application as the exporter or person with legal authority to act on behalf of the exporter; and	
(b) the information supplied in this application is truthful and accurate to the best of my knowledge; and	
(c) neither I nor any director, partner or manager of the applicant have been convicted, whether in New Zealand or overseas, of any offence relating to fraud or dishonesty, or relating to management control or business activities in respect of wine businesses (whether in New Zealand or elsewhere) and	
(d) The applicant is a New Zealand resident within the meaning of section OE1 or section OE2 of the Income Tax Act 2004.	
Name:	Date:
Designation:	Signature:

Collection of Personal Information on Individuals

In regard to any information being collected on this application for exporter registration, 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 wine exporter registration 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, P O Box 2835, Wellington 6140.
3. The collection of information is authorised under section 48 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.

8. NZFSA Fees:

ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: \$205.88 incl. GST 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 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 0004918 000
2. In the 'Reference' details, put the words: **NEW WINE EXPORTER**
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: _____

NZFSA Administration:

Date

Receipt No.

Name

Signature