

Application Form WA4: Registration of Wine Standards Management Plan (Section 18 Wine Act 2003)

This form must be used when applying to register a wine standards management plan (WSMP) with the Director-General of New Zealand Food Safety Authority under section 16 of the Wine Act 2003 (WA).

Send the completed application form together with the fee and other documentation required under s18 of the WA, to the New Zealand Food Safety Authority, Approvals & ACVM Group, attention Programme Manager (Production & Processing) at the above address.

If there is any change to the contact details provided in this application after the application has been submitted, you must promptly inform the New Zealand Food Safety Authority of the changes in writing.

Please refer to the Privacy Act 1993 notice at the end of this form regarding the collection of personal information by NZFSA about individuals.

Before Proceeding: Winemakers who make less than 10,000L of wine a year and do not export may be exempt under regulation 5A of the Wine Regulations 2006 from the requirement to register a Wine Standards Management Plan. If you meet the criteria for this exemption, you need to notify NZFSA using form WA3.

1. Business identification

A unique identifier must be assigned to each business operating a WSMP. 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.

Business ID: Second Choice: (Self select – also used on WSMP outline (section 1))	WSMP No (01, 02, 03...): (use only where more than 1 plan covers the same operation)
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2. Name, business address, and contact details of winemaker or operator

Full legal name and legal description of person or entity:	
Physical address:	Phone no.:
	Fax no.:
Postal address:	Email:
	<input type="checkbox"/> tick for consent to being provided electronic information

3. Registered company address and contact details

Only complete if the applicant is a registered company and the registered office address is different from the physical/ business address in Section 2

Registered office address:	Phone no.:
	Fax no.:

4. Scope of winemaking operation (s14 WA)

Identify the scope of winemaking operations and principal categories of the winemaking.

<input type="checkbox"/> still wine	<input type="checkbox"/> receipt of grapes
<input type="checkbox"/> sparkling wine	<input type="checkbox"/> receipt of juice/wine
<input type="checkbox"/> fortified wine	<input type="checkbox"/> winemaking
<input type="checkbox"/> wine product	<input type="checkbox"/> bottling/packaging
<input type="checkbox"/> wine-based liqueur	<input type="checkbox"/> labelling
	<input type="checkbox"/> storage of wine (bulk or packaged)

5. Multi-business WSMP (s15(2) WA)

Is the WSMP going to cover more than one business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No , go to section 6.		
If Yes , attach a list of each business covered by this application and complete questions below.		
List must include:		
- full legal name of each business.		
- Physical and postal address.		
Does the applicant named in Section 2 have control, authority and accountability for all matters covered by the WSMP in relation to the other businesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is each person whose business is to be covered by the WSMP aware of the implications in the event of suspension or deregistration of the WSMP, or the WSMP ceasing to operate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the WSMP is one belonging to a particular person or business operation, is the plan considered to be appropriate to the other businesses or part-businesses to be covered by the plan, as well as to the business of the person whose plan it is?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Not applicable		
If no, please include reasons why not below:		
If the WSMP is one belonging to a particular person or business operation, has the applicant obtained the consent or otherwise taken into account the views of any person whose business or part-business is to be covered by the plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Not applicable		
If 'no', please include reasons why not below:		

6. Minimum documentation requirements (s18(1) WA)

Please ensure you send in the required documents otherwise your application will be delayed until all documents are received.

<input type="checkbox"/> WSMP outline and documents required by the outline based on NZFSA-approved WSMP Code of Practice, OR <ul style="list-style-type: none"> <input type="checkbox"/> The applicant's own evaluated and endorsed WSMP; and <input type="checkbox"/> Independent evaluation report - see s18(1)(b) and (1A) WA for evaluation requirements and exemptions; <input type="checkbox"/> letter from a recognised verifying agency confirming it will undertake verification functions in respect of the WSMP.
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7. Applicant declaration

I declare that:

1. I am authorised to make this application as a person referred to in s9 or s12 of the WA, or a person with legal authority to act on behalf of such a person; and
2. The information supplied in this application is truthful and accurate to the best of my knowledge; and
3. To my knowledge the applicant is a fit and proper person to operate a wine business, and there are no factors, circumstances, or history, of which I am aware, to indicate that the applicant is not a fit and proper person; and
4. To my knowledge the contents of the WSMP attached this application comply with the requirements imposed under the Wine Act, and wine produced under that WSMP is likely to be fit for its intended purpose; and
5. To my knowledge, neither I nor any directors, partners, or managers of the business concerned 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 businesses of a kind (whether in New Zealand or elsewhere) that are regulated under the Wine Act 2003; and
6. The applicant is a New Zealand resident within the meaning of section OE1 or section OE2 of the Income Tax Act 1994.

Name:

Position/Designation:

Signature:

Date:

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 18 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.

8. Application fee

ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: \$171.56 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.**

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: **WSMP**
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

Name:

Date:

Signature

Receipt No.: