



NZ FARM ASSURANCE PROGRAMME (NZFAP)

~ FARM INFORMATION CHANGE FORM ~

OWNED AND MANAGED BY NZ FARM ASSURANCE INCORPORATED (NZFAI)

This form is to record changes to the CONTACT DETAILS, TRADING NAME or COMPANY SUPPLIER ID for your business under the NZFAP.

The form does NOT apply to a change of farm ownership outside of the current family group.
 All farm operating and recording systems must remain the same.
 IF THE FARM OWNERSHIP IS CHANGING A NEW NZFAP FARM APPLICATION FORM MUST BE COMPLETED.

FARM OWNERSHIP DETAILS		* THESE ARE ALL COMPULSORY FIELDS	
Name of person or entity that owns the farm. *		NZ Farm Assurance Code #. (If known)	
		Agribase Farm ID. (If known)	
Farm Physical Address. *		Farm Postal Address. *	

CHANGE DETAILS		* THESE ARE ALL COMPULSORY FIELDS	
Name of authorised representative / 1 st point contact. (For assurance purposes)			
PREVIOUS CONTACT DETAILS:		NEW CONTACT DETAILS:	
Name.		Name. *	
Position.		Position. *	
Mobile #.		Mobile #. *	
E mail.		E Mail. *	
PREVIOUS TRADING NAME:		NEW TRADING NAME:	
Trading Name/Farm Name*		Trading Name/Farm Name*	
PREVIOUS COMPANY SUPPLIER ID (CODE)		NEW COMPANY SUPPLIER ID (CODE)	
Code.	Company name.	Code.	Company name.

Compliance Statements:

1. As the farm owner, I declare that the information entered above is true and accurate to the best of my knowledge and there has been no change to the on-farm operating systems on the farm.
2. Should there be any further changes to the contact details or trading name of the farm these will be advised on a further Farm Information Change Form.
3. I agree to ensure that the NZFAP Standards will continue to be applied to all species (bovine, ovine, cervine) on the farm and at any subsequent time should any of these 3 species be added to the farm during the audit certification period. (I.e., 3 years from the NZFAP certification date.)

Note: The NZFAP does not cover caprine animals.

Farm Owner Name: (Printed) _____ **Farm Owner Signature:** _____

Date: _____

Change forms should be returned to a meat or wool Company representative or alternatively directly to AsureQuality by either email (NZFAP@asurequality.com) or by post (NZFAP, AsureQuality, Private Bag 4718, Christchurch 8140)