NZFAP FARM APPLICATION AND AGREEMENT FORM





	* *THESE ARE ALL COMPULSORY FIELDS		
Trading Name*		Species*	Beef Deer Sheep
Primary Physical Address*		Postcode*	
	FARM CONTACT DETAILS: Name of authorised republic COMPULSORY FIELDS	resentative / 1st po	nint contact. (For assurance purposes)
Full Name*		Email Address*	
Position*	Farm Owner Lessee Farm Mgr	Contact Number Landline*	
	Farm Operations Mgr Stock Mgr Stock Mgr	Contact Number Mobile*	
Postal Address*		Postcode*	
	NTITY THAT OWNS OR LEASES THE FARM: This is perty that will be certified *THESE ARE ALL COMP		nership, trust or person that owns or
Name of Entity	r*	Contact details ar	e the same as the primary on-farm contact
Contact Person (if different from abo		Email Address* (if different from above)	
Position* (if different from abo	Farm Owner Lessee	Contact Number Landline/Mob* (if different from above)	
	ATIONSHIPS: Please provide details of the Company		* * *
Name of Meat	or Wool Supply Company	Supplier Number	(if known)
Audit costs wil	I be paid for by (Please tick accordingly):	Your nominated me	eat/wool member(s) Self
If you have the and NZFAP Far	I be paid for by (Please tick accordingly): se, what version of the NZFAP Standard mer Handbook are you currently using? Standard		
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If you have the and NZFAP Far (Found on the both Compliance State 1. As the farm own www.nzfap.com property in accordance 2. I agree to ensur	se, what version of the NZFAP Standard street Handbook are you currently using? Standard treet Handbook are you currently using?	dardew Zealand Farm Assurn time to time) and for ine, ovine, cervine) on t	Handbook Don't have either rance Programme' (NZFAP) as outlined at the Conformity Assessment Body (CAB) to audit my the farm at the time of audit and at any subsequent time
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Note: The audit cannot be undertaken unless the Application and Agreement Form has been completed and received by QCONZ.