

NZFAP FARM APPLICATION AND AGREEMENT FORM

Owned and managed by NZ Farm Assurance Incorporated (NZFAI)

New Zealand Farm Assured
nzfap.com



FARM DETAILS: *THESE ARE ALL COMPULSORY FIELDS

Name of person or entity that owns the farm*		Trading Name or Farm Name*	
Farm Physical Address*		Farm Postal Address*	

CONTACT DETAILS: Name of authorised representative / 1st point contact. (For assurance purposes)

***THESE ARE ALL COMPULSORY FIELDS**

Name*		Mobile #*	
Position*		Email*	

***Farm Name Definition (for audit purposes):** One or more blocks of land, no more than 20kms radius apart, that are managed as one entity including one set of farm policies and records.

Please provide details of the Company(s) you currently or intend to supply under the NZFAP Standard:

Name of Meat or Wool Supply Company	Supplier Number (if known)

Audit costs will be paid for by (Please tick accordingly): Your nominated meat/wool member(s) Self

If you have these, what version of the NZFAP Standard and NZFAP Farmer Handbook are you currently using? (Found on the bottom of contents page) Standard _____ Handbook _____
Don't have either

Compliance Statements:

- As the farm owner, I agree to comply with the Terms and Conditions of the 'New Zealand Farm Assurance Programme' (NZFAP) as outlined at www.nzfap.com/terms-and-conditions (as may be amended or replaced from time to time) and for the Conformity Assessment Body (CAB) to audit my property in accordance with the NZFAP Standard.
- I agree to ensure that the NZFAP Standards will be applied to all species (bovine, ovine, cervine) on the farm at the time of audit 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:** _____

Application 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)
Note: The audit cannot be undertaken unless the Application and Agreement Form has been completed and received by AsureQuality.

Date: _____