

NZFAP PLUS FARM APPLICATION AND ACCEPTANCE FORM

Owned and managed by NZ Farm Assurance Incorporated (NZFAI)



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 Plus 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 Plus Standard and NZFAP Plus Farmer Handbook are you currently using? (Found on the bottom of contents page) Standard Handbook

Don't have any

Application Compliance Statement:

As the farm owner I hereby apply to become a member of the NZFAP Plus Standard, and confirm:

- The farm business mentioned above is already a NZFAP certified supplier and holds a current NZFAP Assurance code number of.....
- On receipt from the Conformity Assessment Body (CAB), I will complete and return within 60 days a NZFAP Plus Self-assessment Checklist that to the best of my knowledge truly represents our current on-farm position in relation to meeting the NZFAP Plus standards and agree to update and supply this document annually through the developing period to measure our progress to achieving the standard.
- I acknowledge and understand the 3-tier structure and the 'Entry Level Process' of the NZFAP Plus as outlined at www.nzfap.com/nzfap-plus-programme-structure and undertake to do all possible to implement and meet all the NZFAP Plus Standard requirements on the property within the maximum allowed period and acknowledge that should this not occur; we will be suspended as a member.
- As the farm owner, I agree to comply with the Terms and Conditions on our original NZFAP application and by signing this application form, I acknowledge and agree that we are bound by NZFAI's standard membership terms and conditions available at www.nzfap.com/terms-and-conditions as may be amended or replaced by NZFAI from time to time.
- 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 NZFAP audit certification period and while a NZFAP Plus Member.

Note: The NZFAP does not cover caprine animals.

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

Application forms must be returned directly to AsureQuality by either email (NZFAP@asurequality.com) or by post to (NZFAP, AsureQuality, Private Bag 4718, Christchurch 8140)

Note: Participation in the NZFAP Plus Standard cannot be undertaken unless this Application and Acceptance Form and the Self-assessment Checklist has been completed and received by AsureQuality.

Date: _____