

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

Trading Name*		Species*	Beef <input type="checkbox"/>	Deer <input type="checkbox"/>	Sheep <input type="checkbox"/>
Primary Physical Address*		Postcode*			

PRIMARY ON-FARM CONTACT DETAILS: Name of authorised representative / 1st point contact. (For assurance purposes) *THESE ARE ALL COMPULSORY FIELDS

Full Name*		Email Address*	
Position*	Farm Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Farm Mgr <input type="checkbox"/>	Contact Number Landline*	
	Farm Operations Mgr <input type="checkbox"/> Stock Mgr <input type="checkbox"/>	Contact Number Mobile*	
Postal Address*		Postcode*	

PERSON OR ENTITY THAT OWNS OR LEASES THE FARM: This is the company, partnership, trust or person that owns or leases the property that will be certified *THESE ARE ALL COMPULSORY FIELDS

Name of Entity*		Contact details are the same as the primary on-farm contact	<input type="checkbox"/>
Contact Person* (if different from above)		Email Address* (if different from above)	
Position* (if different from above)	Farm Owner <input type="checkbox"/> Lessee <input type="checkbox"/>	Contact Number Landline/Mob* (if different from above)	

COMPANY RELATIONSHIPS: Please provide details of the Company(s) you currently or intend to supply under the NZFAP Standard: Please refer to www.nzfap.com for a list of members to ensure your company is a member of NZFAI.

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? Standard _____ Handbook _____ Don't have either
(Found on the bottom of contents page)

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 NZFAI by email (nzfap@nzfai.org.nz)
Note: The audit cannot be undertaken unless the Application and Agreement Form has been completed and received by QCONZ.

Date: _____