

# 2. APPLICATION FOR NZGAP AUDIT



NZGAP Number:

Trading Name:

(This name will appear on your certificate)

Production Site Physical Address:

(RD number, Road, Area, Region)

Crops requiring NZGAP certification:

	Crops: <i>(attach crop list if more space required)</i>	Area: <i>(harvested area this year for each crop, ha or m<sup>2</sup>)</i>
1.		
2.		
3.		
4.		
5.		

	Crops: <i>(attach crop list if more space required)</i>	Area: <i>(harvested area this year for each crop, ha or m<sup>2</sup>)</i>
6.		
7.		
8.		
9.		
10.		

Choose your Auditor: (select one)

AsureQuality

SGS

Please select your core business plus any additional operations below.

Core operation: (Please select one)

Grower <i>(includes packing or transporting for self)</i>	\$626.00
Packhouse	\$626.00
Transporter	\$626.00
Contractor	\$626.00
Wholesaler	\$626.00

Any additional operations for Grower or Packhouse?:

Packhouse <i>(grower packing for others)</i>	\$164.00
Transporter <i>(grower transporting for others)</i>	\$164.00
Wholesaler <i>(grower/packer marketing produce as wholesale)</i>	\$164.00

Select your payment method:

Direct Credit

Payee: **Horticulture NZ**  
Bank Account: **02-0500-0793676-00**  
Particulars: **Your "Trading Name"**  
Code: **Your "NZGAP Number"**  
Reference: **NZGAP**

Cheque

I enclose a cheque for the above amount made out to **Horticulture NZ Inc.** (not "NZGAP")

On completion this form becomes your GST invoice.  
GST No: 093-098-412

Remember to keep a copy for your records.

DATE:     
Day Month Year

SIGNED:   
*Once completed click to sign electronically or print and sign*

Submit the completed form:

Please email completed form to:  
[info@hortnz.co.nz](mailto:info@hortnz.co.nz)

Or post to: Horticulture New Zealand,  
Freepost 729, PO Box 10232,  
The Terrace, Wellington, 6143

OFFICE ONLY  
NZGAP NUMBER

v5 July 2017