



Application Form For Membership of New Zealand GAP GLOBALG.A.P Equivalent

Company Name (*legal entity*): _____

Trading as (*this name will appear on your certificate*): _____

Contact Name: _____

Postal Address: _____

Site Address: _____

Crops & Areas Planted: _____

Crops Packed: _____

Telephone Number: _____ Mobile Number: _____

Facsimile Number: _____ E Mail Address: _____

1. Choose a Certification Body: (*tick box*)

- AsureQuality Ltd
 SGS New Zealand Ltd

2. Select your operation: (*tick appropriate box*)

- Grower Packhouse Wholesale Contractor Transport

A single manual includes the requirements and guidance for all of these operations.

3. Choose a payment method: The charge for the manual is \$50 incl GST payable to Horticulture NZ Inc.

Further information and details about programme fees will be sent to you by the Certification Body.

- I enclose a cheque for \$50 made out to Horticulture NZ Inc.
 I have direct credited \$50 into Horticulture NZ Inc.'s Bank Account number **02-0500-0793676-00** and have included my trading name as a reference

Signed: _____ Date: _____

Send the completed form to:
Horticulture New Zealand.
Freepost 729, PO Box 10232, The Terrace, Wellington 6143
Email: info@hortnz.co.nz

Office Only
Manual Number

On completion this becomes your GST invoice.
GST No. 093-098-412
Remember to keep a copy for your records