

# REGISTRATION FOR NZGAP GLOBALG.A.P. EQUIVALENT



**NZGAP Number:**

*(If currently NZGAP certified)*

**Business Name:**

*(Legal entity)*

**Trading Name:**

*(This name will appear on your certificate)*

**Business Owner:**

**Responsible Manager/ Contact Person:**

**Contact Details:**

*(Telephone Number)*

*(Mobile Number)*

*(Email Address)*

**Postal Address:**

*(Street Address, Suburb/Area, City/Region)*

*(Postcode)*

**Production Site Physical Address:**

*(RD number, Road, Area, Region)*

**Crops for certification:**

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

**Choose your Auditor:** (select one)

**AsureQuality**

**SGS**

**Registration Cost:**

**Grower** \$50.00 incl. GST

**Please select any add-ons you wish to include:**

**Packhouse** \$0.00 incl. GST

**GRASP add-on** (check the NZGAP website for more details) \$50.00 incl. GST

**TOTAL REGISTRATION COST:**  (incl. GST)

**Select your payment method:**

**Direct Credit**

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

Your chosen Certification body will be in touch to arrange a suitable time for your audit.

**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

v6 July 2017