



Application Form for Training and the New Zealand GAP Manual

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: _____

Choose the appropriate market access module and for GLOBALGAP Equivalent, the CB: (Tick box)

- Checkboxes for New Zealand (& non-GLOBALGAP customers), GLOBALGAP Equivalent (prev EUREPGAP), AsureQuality Ltd, and SGS NZ Ltd.

Operation: (Tick appropriate box)

- Checkboxes for Grower, Packhouse, Transport, Input Supplier, and Wholesalers.

Each manual & training session is \$225 (incl. GST). I enclose our cheque for \$_____ incl. GST

Signed _____ Date _____

On completion this becomes your GST invoice. GST No. 093-098-412 Remember to keep a copy for your records. Remittance to Horticulture NZ Send to Freepost 729, Horticulture NZ, PO Box 10 232, Wellington

Office Only Manual Number [line]