

Office Use Only

No:

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## Varroa Management Programme – Compensation Claim under Section 162A – Biosecurity Act 1993

Please lodge claims with MAF Biosecurity when completed

ADDRESS TO: Compensation Coordinator, MAF Biosecurity, PO Box 2526, WELLINGTON

**NOTE:** To assist with the preparation of typewritten claims, an electronic version of this form is available on the MAF website ([www.maf.govt.nz/varroa](http://www.maf.govt.nz/varroa)). MAF guidelines on preparing compensation claims are also published on the website. For personal assistance please refer to contact details in section 6 below.

### 1. GENERAL INFORMATION AND CONTACT DETAILS

#### A. OWNER OF PROPERTY DAMAGED OR DESTROYED OR GOODS AFFECTED BY RESTRICTIONS

**EITHER** (in the case of personal ownership)

Title (Mr/Mrs etc):

First names:

Last name

**OR** (in the case of corporate/company ownership)

Corporate name:

**AND**

Postal Address:

Telephone: (business)

(after hours)

(mobile)

Facsimile: (business)

(after hours)

E-mail:

**AND**

Beekeeper Identification Code: \_\_\_\_\_ (i.e., the identification code issued under the *Biosecurity (National American Foulbrood Pest Management Strategy) Order 1998*.)

#### B. CONTACT DETAILS FOR OWNER'S AUTHORISED AGENT PREPARING THIS CLAIM (if applicable)

Title (Mr/Mrs etc):

First name:

Last name

Postal Address:

Telephone: (business)

(after hours)

(mobile)

Facsimile: (business)

(after hours)

E-mail:

**2. DETAILS OF THE LOSS FOR WHICH COMPENSATION IS SOUGHT**

**A. DAMAGE OR DESTRUCTION OF PROPERTY**

Please provide details of the loss by filling in the following table by:

- (i) inserting a description of the damaged or destroyed property; and
- (ii) indicating whether the property was damaged or destroyed; and
- (iii) identifying the date(s) on which damage or destruction occurred; and
- (iv) inserting the actual cost to repair the damage or the value of the property at the time it was destroyed; and
- (v) providing details of the road name and address, grid reference, MAF site number and the name and initial of the occupier of the location.

	Description of damaged/destroyed property	Damaged	Destroyed	Date(s)	Cost/Value (NZ\$)	Location where damage/destruction occurred			
						road name/address	grid reference	MAF site number	name and initial of occupier
1									
2									
3									
4									
5									
6									
7									

Please attach supporting documents verifying ownership of the property, that damage or destruction occurred and the value of the loss.



**B. LOSS DUE TO RESTRICTIONS ON MOVEMENT OR DISPOSAL OF GOODS**

Please provide details by filling in the following table by:

- (i) inserting a description of the goods to which restrictions applied; and
- (ii) identifying the dates on or between which restrictions caused a loss; and
- (iii) describing the nature of the loss arising from restrictions on movement or disposal of the goods; and
- (iv) inserting the value of the loss; and
- (v) providing details of the road name and address, grid reference, MAF site number and the name and initial of the occupier of the location where goods were subject to restrictions.

	Description of Goods	Dates	Nature of Loss	Value of Loss (NZ\$)	Location where goods were subject to restrictions			
					road name/address	grid reference	MAF site number	name and initial of occupier
1								
2								
3								
4								
5								
6								
7								
8								

Please attach supporting documents verifying ownership of the goods, the loss due to restrictions and the value of the loss.



**3. LIST OF SUPPORTING DOCUMENTS**

Please list the supporting documents that have been attached to this claim form:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
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26. \_\_\_\_\_
27. \_\_\_\_\_

#### **4. PRIVACY ACT NOTICE AND DECLARATION**

With regard to the personal information being collected on the Varroa Management Programme Compensation Claim Form and attached documentation, notice is provided in accordance with Principle 3 of the Privacy Act 1993 to individuals on the following matters:

1. This information is being collected for the purposes relating to the assessment of compensation claims resulting from the Varroa Management Programme.
2. The recipient of this information, which is also the agency that will collect and hold the information, is MAF Biosecurity Authority, Ministry of Agriculture and Forestry, PO Box 2526, Wellington.
3. The provision of this information is voluntary, however, failure to provide this information may hinder the assessment of your claim.
4. You are reminded that under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information which has been provided.

By signing the declaration below, I hereby authorise the Ministry of Agriculture and Forestry (MAF) to give or to obtain from any other party any information that in MAF's view is relevant to this claim.

I \_\_\_\_\_ of \_\_\_\_\_  
*[NAME]* *[PLACE AND OCCUPATION]*

do solemnly and sincerely declare that:

1. The information and answers given in this and in supporting documents attached are true and correct in every detail and that all relevant information has been disclosed.
2. I am the owner of the property to which this claim relates, or am authorised to make this claim on behalf of the owner of the property to which this claim relates.

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

\_\_\_\_\_  
*[SIGNATURE]*

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Before me:

\_\_\_\_\_  
*[SIGNATURE]*

Justice of the Peace/ Solicitor/ Notary Public/ Registrar of the High Court or District Court

## **5. IMPORTANT NOTES FOR PERSON MAKING THE CLAIM**

The following *summarises* especially relevant provisions of section 162A of the Biosecurity Act 1993 and other important information for the person making this claim:

1. Compensation may be paid only in relation to a loss arising directly from the exercise of powers under the Biosecurity Act 1993 for the purposes of managing or eradicating an organism.
2. The loss must be verifiable. (Detailed supporting documents must accompany this claim.)
3. The amount of compensation must be such that the recipient will be in no better or worse position than any person whose property or goods are not directly affected by the exercise of powers.
4. Compensation must not be paid for a loss related to unauthorised goods or uncleared goods.
5. Compensation must not be paid for a loss suffered before the time the exercise of powers commenced.
6. Compensation must not be paid to any person who failed to comply with the Biosecurity Act 1993 or regulations made under the Act where the failure is serious or significant or contributed to the presence or spread of the organism being managed or eradicated.

## **6. WHO TO CALL FOR HELP**

General advice, including advice on mitigating future losses, may be obtained from MAF Biosecurity by contacting the varroa compensation coordinator in the Biosecurity Coordination group.

Contact details are:

- Telephone: 04 894 0560
- Facsimile: 04 819 0730
- E-mail: [compensationcoordinator@maf.govt.nz](mailto:compensationcoordinator@maf.govt.nz)