



Ministry of Agriculture and Forestry
Te Manatu Ahuwhenua, Ngaherehere

APPLICATION COVERSHEET - for a Biosecurity Authority/Clearance Certificate (BACC)

No. of pages:

AGENT DETAILS:	CONTACT PHONE:
CONTACT NAME:	RETURN EMAIL / FAX:
CONSIGNMENT DETAILS: I.E./E.C.I No.	EDI TARIFF CODE(s) – if applicable:
NAME OF IMPORTER:	NAME OF EXPORTER:

VESSEL	#	Commodity/Species	Quantity/ Units	Measure (Kg / /M³)
VOY/FLIGHT:	1			
SHIPPING CO / AIRLINE:	2			
COUNTRY OF ORIGIN:	3			
DATE OF ARRIVAL:	4			
BL / AWB:	5			

HAWB:	#	Container #s: (use continuation sheet if req.- pg 2)	FCL	LCL
DISCHARGE PORT:	1		<input type="checkbox"/>	<input type="checkbox"/>
Transitional Facility- For Devanning/Inspections:	2		<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>
Treatment Supplier (If Req.):	4		<input type="checkbox"/>	<input type="checkbox"/>
Provide documentation as applicable including:	5		<input type="checkbox"/>	<input type="checkbox"/>

- Bill of lading / AWB
- relevant invoices
- certificates
- Quarantine Declaration

Permit to Import & Permit No. _____

Copy of IHS, or I am applying for clearance under IHS _____

CHARGE DETAILS. Payment will be made by: Account Cash / cheque (EFTPOS is available at MAF office)

Account Holder: _____ **Account #:** _____

Importer/Agent Co Name: _____ **Client Ref / Job #:** (To appear on invoice)

I confirm that the information given is correct and MAF has the authority to charge the above account holder, who accepts all MAF charges associated with this consignment. Should I/my company request a duplicate BACC for this consignment, then I/my company will be charged for that. I/my company understand that this Application Coversheet will be returned by MAF if insufficient information has been supplied.

Full Name: _____ Signature: _____ Date: _____

Please fax all documents to Cargo Risk Profiling on (09) 909 8584

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- Continuation Sheet (from Pg 1)

Please use this sheet if you wish to supply further commodity/container information with your application.

NAME OF IMPORTER:

I.E./E.C.I No.

BL / AWB:

HAWB:

Container Reference(s) <i>- pick up from below</i>	Commodity/species	Quantity / Units	Measure (Kg / M ³)

#	Container number	FCL	LCL	#	Container number	FCL	LCL
6		<input type="checkbox"/>	<input type="checkbox"/>	18		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	19		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	20		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	21		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	22		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	23		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	24		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	25		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	26		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	27		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	28		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	29		<input type="checkbox"/>	<input type="checkbox"/>