

**Phyto E-Cert Application**  
**New Organisation Request**

*Use this form if you wish to register your organisation to use Phyto E-cert*

**Organisation Details**

Organisation Name:	
Is your company an approved MAFBNZ plant exports accredited organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nominated IVA:	<input type="checkbox"/> AsureQuality <input type="checkbox"/> IVS Ltd <input type="checkbox"/> SGS
Primary Contact Person Name:	
Primary Email Address for Organisation:	
Primary Contact Telephone Number for Organisation:	
Primary Fax Number for Organisation:	
Mobile Number of Primary Contact Person:	
Physical Address:	
Postal Address: Only required if different from Physical Address	

## Individual User Details

*Copy, Paste and Complete this section for each Phyto E-cert user who requires access for the organisation stated above*

Name of Individual Access is requested for:	
Phone Number:	
Mobile number:	
Contact by Email for Phyto E-cert notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No  If 'yes', provide email address:
<p>SFTP Access Required?</p> <p><i>In addition to the online submission of export certificate requests (via the Phyto E-cert Website) your organisation may have the capacity to submit export certificate requests electronically via a secure direct transfer process using XML and sFTP.</i></p> <p><i>Note. Please check with your IT department to determine whether sFTP submission is appropriate for your organisation before selecting this option.</i></p> <p><i>If you require further information about the sFTP process please contact the MAF Plant Exports Team by email at <a href="mailto:plant.exports@maf.govt.nz">plant.exports@maf.govt.nz</a></i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Payment Method

Cheque

Credit Card

If paying by Cheque please make the Cheque out to the Ministry of Agriculture and Forestry, and post to Plant Exports, Border Standards, MAFBNZ, PO Box 2526 Wellington.

If paying by credit card please complete the following section

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number:	
Expiry:	
Name on Card:	