

Application for Permit to Import Animal Products



Issued pursuant to the Biosecurity Act, 1993, Section 22

It takes approximately 10 working days to issue a permit.

Failure to provide information may delay issue. All permits are emailed direct to the importer unless otherwise requested.

Avian and bee products require an individual risk assessment that may take up to 20 working days.

Date Submitted / /

Importer details

Title	Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company name		Attention/Contact person	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
<input type="text"/>			
Suburb	City	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	Email		
<input type="text" value="New Zealand"/>	<input type="text"/>		
Work phone	Home phone	Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exporter details

Title	Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company name			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb	State/Territory/Province	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	Email		
<input type="text"/>	<input type="text"/>		
Work phone	Home phone	Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you require an addition to and/or renewal of an existing permit please provide the permit number here.

Permit number: 200

Addition / Renewal (please specify by circling)

- Please attach a copy of your current permit
- Please note the permit renewal process will invalidate your existing permit



BIOSECURITY NEW ZEALAND Ministry of Agriculture and Forestry

Animal Imports/Exports, Pastoral House, 25 The Terrace, PO Box 2526, Wellington, New Zealand 6140
Telephone: 64-4-894 0100, Facsimile: 64-4-894 0733, Animalimports@MAF.govt.nz Web: www.biosecurity.govt.nz

APPLICATION TO IMPORT ANIMAL PRODUCTS

Where to send this application form

Post, e-mail, or fax.

Animal Imports MAF Biosecurity New Zealand PO Box 2526 Wellington 6140 New Zealand	Fax: +64 4 894 0733 E-mail: Animalimports@maf.govt.nz
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Payment details – Please tick preferred option below

Invoice request for \$105 NZ*	<input type="checkbox"/>	Purchase order #	<input type="text"/>
Cheque enclosed for \$105 NZ*	<input type="checkbox"/>		
Credit card details for \$105 NZ*	<input type="checkbox"/>	(Visa or Mastercard only)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Exp <input type="text"/>

Name of cardholder:	Signature:
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* This fee only covers the cost of the import permit. The importer accepts full responsibility for all costs associated with the importation of the animal/s. Amendments to permits cost \$105.
Cheques should be payable to; **MAF Biosecurity New Zealand.**

Importer declaration

Privacy Act 1993

The information on this form is required to enable the Director-General of Agriculture and Forestry, or a duly authorised delegate, to consider whether or not to issue a permit under section 22(2) of the Biosecurity Act 1993. The agency collecting and holding this information is: Animal Import/Export Team, MAF Biosecurity New Zealand, Pastoral House, 25 The Terrace, PO Box 2526, Wellington 6140. Ph: +64 4 894 0100, Fax: +64 4 894 0733. You have rights of access to, and correction of, personal information supplied in this form as provided by the information privacy principles in section 6 of the Privacy Act 1993. In addition it is your responsibility to ensure that your consignments comply with the Hazardous Substances & New Organism Act 1993, Convention of International Trade in Endangered Species requirements, and New Zealand Customs Service requirements.

I/we agree to indemnify MAF against all costs, whether commission, legal fees or otherwise incurred by MAF or MAF's duly authorised agents relating to the recovery of any monies, goods or services owed by me/us to MAF. I/we irrevocably authorise any person or company to provide you with such information as you may require in response to your credit enquiries. I/we further authorise you to furnish to any third party details of this application and any subsequent dealings that I/we may have with you as a result of the application being actioned by you.

I/we declare that the information provided in this application is true and accurate to the best of my/our knowledge.

Signature:

Date: (day/month/year)

REQUIRED FIELD

Print name:

REQUIRED FIELD

(Permit application will not be accepted without signature)

Permit will be e-mailed to importer address above, unless requested otherwise as follows

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Email	<input type="text"/>



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