

TRANSFER REQUEST FORM

PEQ / Plants / Plant Products

CURRENT FACILITY	RECEIVING FACILITY	
Name of facility:	Name of facility:	
Name of facility Operator:	Name of facility Operator:	
MAF Registration number:	MAF Registration number:	
Please list Standard(s) approved to:	Please list Standard(s) approved to:	
Nature and quantity of material being transferred: Method and date of transfer:		
Single /Multiple transfer:	Date to be completed by:	
Name of Importer:	Name of applicant (initiated by sending facility):	
	Fax number:	
MAF Import Permit number:	Phone number:	
BACC number (if applicable):	Signed:	Date:
<p><i>Conditions:</i></p> <ol style="list-style-type: none"> 1. The method of transfer shall ensure that the plants or any possible contaminants can not escape. 2. A copy of this form must accompany the products being transferred. 3. The Biosecurity Inspector of receiving facility must be notified by the receiving facility operator upon completion of the transfer. 4. Material must be tracked and traced through the courier service, and double bagged to ensure no spillage can occur. 		

MAFBNZ USE ONLY	
Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Signed:	Date:
Inspector's name (print):	



Fax or email this signed form to your nearest Biosecurity Inspector:

Auckland
 Fax: 09 909 8558
 abu.iqram@maf.govt.nz

Palmerston North
 Fax: 06 351 7952
 april.shannon@maf.govt.nz

Christchurch
 Fax: 03 358 1863
 margaret.auger@maf.govt.nz

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