

Appendix 5: EXPORTER Application for Registration

Dichlorvos Residue Assurance Programme

PART A Compliance Agreement: Must Be Completed by each EXPORTER

I hereby apply to register for the Dichlorvos Residue Assurance Programme for the export of fresh Asparagus to Japan.

1. I agree to comply with the requirements specified within the Dichlorvos Residue Assurance Programme.
2. I agree to the Ministry for Primary Industries (MPI), making enquiries and using the information supplied by me, in connection with the programme, and to audit my compliance with the programme.
3. I agree to afford MPI, or their representative, co-operation and access necessary to carry out audits and trace backs related to the programme.
4. I understand that registration does not entitle me to automatically export asparagus to Japan under the programme without first receiving confirmation from MPI that my registration has been accepted.
5. I consent to the publication of my registration status in any publication which may be made available to the public.
6. I agree to notify NZAC and MPI of any changes to these registration details within five working days.
7. I understand that failure to comply with any or all of the above terms may lead to my removal from the programme.
8. I understand that under the Information Privacy Principles of the Privacy Act 1993, I have rights of access to, and correction of, personal information held in connection with participation within this programme. The information is collected and held by the NZ Asparagus Council (NZAC) and MPI.
9. I acknowledge that notification on the MPI website that I have been accepted into the Programme is acceptance of this Agreement by MPI.
10. I understand that the Programme is subject to the requirements of overseas countries and those countries may change their requirements for the Programme from time to time. MPI may also introduce changes to the Programme from time to time. Where any change to the Programme is introduced, I will be given written notice of those changes by MPI. Within twenty working days of the date of the Programme Change Notice (Opt-out Period), I may provide written notice to MPI that I wish to withdraw from the Programme. I agree that if I have not withdrawn from the Programme by the expiry of the Opt-out Period, I will comply with any changes to the Programme that have been notified to me in the Programme Change Notice. I acknowledge that where the changes in the Programme Change Notice have immediate effect (including prior to the expiry of the Opt-out Period), products which are non-compliant with those changes may not be accepted for export by the applicable overseas country.
11. I understand and agree that even if I am registered and comply with the Programme, MPI does not guarantee entry of my products into any country nor any other outcome, and MPI has no obligation to ensure the same.
12. I accept that under no circumstances will MPI or Crown officers be liable to me for any loss, claim, action, demand, expense, inquiry, harm or damage, however caused and whether direct or indirect in nature, including arising directly or indirectly from or connected in any way to my performance, or as the case may be, non-performance (or that of any of my contractors, subcontractors, agents, or employees who are not a party to this Agreement) of any of my obligations in respect of the Programme.
13. I agree that any failure to comply with the requirements specified in the Programme could result both in losses to third parties, and third party claims against MPI. I agree that such claims and losses are reasonably foreseeable as not unlikely to result from my failure to comply with the requirements, and should therefore be recoverable by MPI against me.
14. I understand that all information held by MPI is subject to the principle of availability under the Official Information Act 1982 (OIA) and recognise that under the Privacy Act 1993 I am entitled access to and correction of personal information held in connection with the Programme.

Name: _____

On behalf of (Company name): _____

Signature: _____ Date: ____/____/____

Appendix 5: EXPORTER Application for Registration (Cont'd)

APPLICANT TO COMPLETE

Exporter Company Name:	Contact Person:
Postal Address:	Contact Number:
	Mobile:
Email:	
TRAINING: All staff involved in the export of fresh asparagus to Japan or the application of pesticides have completed training in the programme requirements for Exporters (Records may be audited by MPI under the discretion of Plant Exports Manager)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Applicant signature:	Date

NZAC TO COMPLETE

Application complete <input type="checkbox"/>	Signature of recipient: _____	Date application received:
Training completed <input type="checkbox"/>		

PART B: Registration Details for provision to Japan MHLW

(must match that on phytosanitary documentation for purpose of verification at border)

Exporter Name	
Address	

Exporters: Name and address of supplying packing/storage facilities and Freight forwarders handling this product *(use additional pages if required)*

Name	Address	Packhouse	Freight Forwarder
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 5: EXPORTER Application for Registration (Cont'd)

APPLICANT TO COMPLETE (use additional pages if required)

Responsible person for notifying sampling agency:	Name:
	Company:
Contact Number:	Email:
Signature and Date:	
Alternative notifier if main contact absent:	Name:
	Company:
Contact Number:	Email:
Signature and Date:	

Planning of shipment schedule / notifications for season

Can you provide the Sampling Agency with a planned schedule of shipments for each week before season starts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If you have answered NO, provide an outline of how you will manage the notification process so that the Sampling Agency is notified in advance throughout the season with sufficient time to enable the planning and taking of samples for residues:

Note: Include how far in advance you will provide notification (i.e. minimum number of days) and if you will notify verbally or by email.

Name: _____

On behalf of (Company name): _____

Signature: _____ Date: ____/____/____