**ePhyto User Amendment and Removal Form**

**This form is for:**

* amending an organisation’s details and/or;
* amending an individual’s details and/or;
* removing an individual’s access.
* Mandatory fields within each section are marked with an asterisk **\***
* Section 1 and 5 are MANDATORY.
* The RELEVANT SECTIONS of 2-4 are to be completed with the details requiring amendment in ePhyto.
* If you are registering a new organisation or new individual for ePhyto please use the [ePhyto Organisation and User Registration Form](https://www.mpi.govt.nz/dmsdocument/3068/direct).
* Send the completed application form to Plant Assurance by emailing PlantAssurance@mpi.govt.nz - this is our preferred method.
Alternatively - post to Ministry for Primary Industries, PO Box 2526, Wellington 6140, “Attn: Plant Assurance”.

**1. CURRENT ORGANISATION NAME:**

|  |  |  |
| --- | --- | --- |
| Organisation name **\***  |  | NZ Business number **\***  |
|  |  |  |

**2. AMENDED ORGANISATION DETAILS:**

|  |  |  |
| --- | --- | --- |
| Organisation name |  | Primary contact person (first/last name) |
|  |  |  |
| Office type (If Office type = Branch, specify name of Head Office) |  | Position / Title |
| [ ]  - Head Office | [ ]  - Branch |  |
|  | Phone / Mobile |
| Physical address (must be a New Zealand address)City: Post Code: |  |  |
|  | Organisation type (e.g. Exporter / Freight Forwarder / Packhouse / Producer (Grower) / IVA) |
|  |
| Postal address (if different from physical address) City: Post Code: |  | Nominated IVA (select one) |
| [ ]  - AsureQuality Ltd[ ]  - Independent Verification Services | [ ]  - SGS New Zealand Ltd[ ]  - The Agrichain Centre Limited |
| [ ]  - New Zealand Biosecurity Services Ltd |

**3. AMENDED USER AND ACCESS INFORMATION:**

* List the details of each user being amended within your organisation;
* Tick the columns to indicate the roles you require them to perform in ePhyto; and
* Tick the columns to indicate which certificate status email notifications you would like them to receive from ePhyto.

|  |  |  |
| --- | --- | --- |
| **User Details \*** | **Roles \*** | **Certificate status email notifications*(Leave blank if not required)*** |
| **Read Only**  | **Request Submitter**  | **Certificate Printer** | **B2G User** | **Request Verifier (IVA Only)** | **Submitted** | **Incomplete** | **Withdrawn**  | **Request Replacement** | **Recommend for MPI Approval** | **Declined**  | **Approved** | **Recommendation Declined** | **Rejected**  |
| Full Name:Email Address:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name:Email Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name:Email Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ROLES:**

* **Request Submitter** will be able to request a certificate and submit it to their nominated IVA for approval.
* **Read Only** will be able to view all data related to their organisation (the organisation identified in Section 1).
* **Certificate Printer** will be able to print phytosanitary certificates for your organisation. Only MPI Approved Organisation (MAOs) approved under Service Delivery Option 3b ‘Printing phytosanitary certificates’ can print.
* **B2G User** will be able to submit certificate requests using an external platform.
* **Request Verifier** will be able to verify certificate requests that have been submitted to an IVA for approval.

[ ]  If user(s) are requesting the Certificate Printer role, please tick this box to indicate they are in training or are recorded in the most recent staff competency register sent to plantexports@mpi.govt.nz.

[ ]  If user(s) are requesting the Request Verifier role, please tick this box to indicate they are in training or are recorded in the most recent staff competency register sent to plantassurance@mpi.govt.nz.

**4. USER ACCESS TO BE REMOVED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name** | **Last name** | **Email** | **Reason for removing** | **Effective removal date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. DECLARATION** (tick the appropriate boxes)

I declare that:

[ ]  I am authorised to make this application as the person with legal authority to act on behalf of the indicated company and/ or individual applicant; and

[ ]  The information supplied in this application is truthful and accurate to the best of my knowledge; and

[ ]  Applicant users have not previously had their access to an MPI system terminated due to fraudulent use; and

[ ]  I have read, understood and accept the [Terms and Conditions](https://www.mpi.govt.nz/dmsdocument/19358-terms-and-conditions-of-use-and-privacy-policy-for-mpis-electronic-certification-systems) of ePhyto use.

|  |
| --- |
| **Collection of Personal Information on Individuals.**In regard to any information being collected on this application, notification is hereby provided in accordance with principle 3 of the Privacy Act 2020, to individuals of the following matters:1. This information is being collected for purposes relating to the administration of the Ministry for Primary Industries ePhyto application.
2. The recipient of this information, which is also the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140.
3. The provision of this information is necessary in order to process this application. Failure to provide information is likely to result in the return of this application form to the applicant for completion.
4. You are reminded that under Principles 6 and 7 of the privacy Act 2020, you have the right of access to and correction of, any personal information, which has been provided.
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|  |  |
| --- | --- |
| Name of person signing (first name, last name): | Signature: |
| Position of person signing: | Date: |