

## Notification Form AP60

### Change of Recognised Agency for Verification Purposes

#### Before you start, let's check that you have everything you need:

- You are filling in this form because you require a change in Recognised verification agency to your registered Risk Management Programme (RMP) under the Animal Products Act (1999).
- If your business is a registered limited liability company, you need a copy of the company registration certificate and your New Zealand Business Number (NZBN). See [www.companies.govt.nz](http://www.companies.govt.nz)
- The application fee according to the payment section of this form.  
Note: all fees on this form are inclusive of GST.

#### Read these notes before you start filling out the form:

- This form is for use where an operator elects to change the recognised agency responsible for verification activities under section 19(g) of the Animal Products Act 1999 or where the agreement between the operator and the recognised agency has been terminated. This form applies to all operators of RMPs including dual operator butchers.
- Throughout this form you will need to tick boxes that look like this: ☐. A checked box indicates a 'yes' answer.
- Send the completed application form together with the fee, and any supporting documentation, to MPI at the above address. We prefer email files. Processing time is up to 20 working days from the time we determine that your application is complete.
- If there are any changes to the details provided in this application after the application has been sent to MPI, you must promptly inform us of the changes in writing.

#### **Frequently used terms**

**GST** = Goods and services tax

**MPI** = Ministry for Primary Industries

**Recognised Agency** = an individual or body recognised by MPI to confirm that the requirements of the business under the Animal Products Act (1999) have been met.

## Notification Form AP60 Change of Recognised Agency for Verification Purposes

Processing time is up to 20 working days from the time we determine that your application is complete.

### 1. Business Identification

Your unique business identification which is 3-10 characters in length.

Business ID:

### 2. Applicant Details

Registered company name or partnership names (including the trading name) or individual name.

☐ I have attached a copy of the company name registration from the New Zealand Companies office ([www.companies.govt.nz](http://www.companies.govt.nz))

#### New Zealand Business Number (NZBN)

For more information about NZBNs, see [www.nzbn.govt.nz](http://www.nzbn.govt.nz)

### 3. Business Address and Contact Details

Street/Physical (location of actual premises)

Postal, including post code (for communication)

Phone

Mobile

Email

By entering an email address you consent to being sent information and notifications electronically, if required.

### 4. Current Recognised Agency

Recognised Agency name

### 5. New Recognised Agency

Recognised Agency name

## 6. Transitional Information

You must complete the following before you can change recognised agencies.

- ☐ The current recognised agency responsible for verification activities has been informed of the intention of the risk management programme operator to change agencies; and
- ☐ An agreement has been made with the new recognised agency to allow them to undertake verification functions in respect of the registered risk management programme; and
- ☐ There are no outstanding corrective actions under the current recognised agency contracted to verify this risk management programme; OR
- ☐ Agreement has been obtained from the recognised agencies concerned and/or MPI to allow the transfer of any outstanding corrective actions; and
- ☐ Agreement has been reached between the recognised agencies concerned in respect to the transfer of any information and associated files directly relating to verification activities undertaken prior to the change; and
- ☐ The new recognised agency has been provided with copies of the last two verification reports.

|                          |  |
|--------------------------|--|
| Date current RA informed |  |
| Date new RA takes effect |  |

## 7. Applicant Statement

I confirm that:

1. I am authorised to make this application as the applicant or a person with legal authority to act on behalf of the applicant; and
2. The applicant has informed the existing recognised agency of their intention to change service providers.
3. An agreement exists between the applicant and the new recognised agency that will become responsible for undertaking verification activities under section 19(g) of the Animal Products Act 1999.
4. All corrective actions outstanding from previous audit reports have been closed out or agreement has been obtained from the agencies concerned or MPI to transfer corrective actions across to the nominated recognised agency.

|           |  |           |  |
|-----------|--|-----------|--|
| Name      |  | Job Title |  |
| Signature |  | Date      |  |

## 8. Current Recognised Agency Statement

To be completed by the current recognised agency

I confirm that:

1. The applicant has informed us of their intention to transfer verification activities to another recognised agency.
2. Agreement has been made in respect to the transfer of any information directly relating to verification activities to the operators nominated recognised agency.
3. All corrective actions outstanding from previous audit reports have been closed out or agreement has been obtained in respect to the transfer of corrective actions to the nominated recognised agency.
4. The information in section 6 of this form is true and correct.

|           |  |           |  |
|-----------|--|-----------|--|
| Name      |  | Job Title |  |
| Signature |  | Date      |  |

## 9. New Recognised Agency Statement

To be completed by newly nominated recognised agency

I confirm that:

1. An agreement exists between the applicant and this recognised agency that will become responsible for undertaking verification activities under section 19(g) of the Animal Products Act 1999.
2. Agreement has been made in respect to the transfer of any information directly relating to verification activities to the operators nominated recognised agency.
3. All corrective actions outstanding from previous audit reports have been closed out or agreement has been obtained in respect to the transfer of corrective actions to the nominated recognised agency.
4. The information in section 6 of this form is true and correct.

|           |  |           |  |
|-----------|--|-----------|--|
| Name      |  | Job Title |  |
| Signature |  | Date      |  |

## 10. MPI Service Charge

**ON PAYMENT THIS BECOMES A TAX INVOICE** GST No: 64-558-838

**FEE: \$77.63** incl. GST.

**PAYMENT OPTIONS:** Payments comprising multiple fees must be supported by a remittance advice. Attach your payment confirmation to this application or send it separately to: **approvals@mpi.govt.nz**

**MPI does not accept cash.** Payment must be made using credit/debit card or direct credit. Please tick and fill in the appropriate section.

☐ **CREDIT/DEBIT CARD (preferred option):**

1. To pay by credit card (Visa or MasterCard) go to <https://www.mpi.govt.nz/food-safety/payments> and follow the instructions.

☐ I have attached my credit card payment receipt

☐ **DIRECT CREDIT:**

1. Pay into Bank Account no. **03 0049 0001709 002**
2. In the 'Reference' details, put the code: **RACHANGE** and also include either **Company name/ ID / NZBN**
3. Enter the date of deposit and your name (payer) on this form below:

|                 |  |                   |  |
|-----------------|--|-------------------|--|
| Date of Deposit |  | Your Name (Payer) |  |
|-----------------|--|-------------------|--|

## Collection of Information

### Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of registering a risk management programme under the Animal Products Act 1999; and
- The recipient of this information, which is the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 16 of the Animal Products Act 1999. The provision of this information is necessary in order to process an application for registration; and
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a return of this application form to the applicant; and
- Under Principles 6 and 7 of the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

### Collection of Official Information

All information provided to the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.

If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries will consider any such request, taking into account its obligations under the Official Information Act 1982 and any other applicable legislation.