



APPLICATION FOR ACCREDITATION OF A BUSINESS FOR A COMPLIANCE AGREEMENT (CA) ARRANGEMENT (IMPORT VERIFICATION)

Please indicate the type of application being made: New Amendment
Please note, only one Operational Procedure (CA arrangement) at any one Facility, may be covered in this application.

Trading Name(s) of the Business (as shown on packages sent to market)

Australian Business Number (ABN)											
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Type of Ownership of Business

<input type="checkbox"/> Individual Provide name in full																																					
<input type="checkbox"/> Partnership List, in the usual order, the full name of each partner																																					
<input type="checkbox"/> Incorporated Company Companies must provide their Australian Company Number (ACN) or Australian Registered Business Number (ARBN). A copy of the Certificate of Incorporation must be attached to this application	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">ACN</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td colspan="12" style="text-align: center;">or</td> </tr> <tr> <td>ARBN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ACN												or												ARBN											
ACN																																					
or																																					
ARBN																																					
<input type="checkbox"/> Cooperative Association A Cooperative Association must provide appropriate proof of registration	<input type="checkbox"/> copy of <i>Certificate of Incorporation</i> attached or <input type="checkbox"/> <i>Department of Justice registration search</i> attached																																				
<input type="checkbox"/> Other Provide specific details of the Business																																					

Postal address of the Business

Postcode

Mobile	
Telephone	()
Facsimile	()

Email address

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Has the Business previously been registered for a Compliance Agreement (CA) Arrangement?	<input type="checkbox"/> Yes ➔ <input type="checkbox"/> No	If yes, please provide the Business's Compliance Agreement (IVCA) Number	S
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Location of the Business Facility (Street address if appropriate)

Postcode

Mobile	
Telephone	()
Facsimile	()

Authorised Signatories for Verification procedures

	Family Name	Given Name(s)	Specimen Signature
Verification Controller			
Back-up Verification Controllers and/or Nominated Responsible Person(s)			

Plants, Produce or Associated Equipment to be verified under this CA Arrangement

If insufficient space, please attach a separate list

