

New Grower Application



PLEASE FILL IN ALL DETAILS FOR THE FORM TO BE PROCESSED

Grower Code : _____ (please state code, on every consignment supplied)

Grower Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Contact: _____

Mobile: _____

Email Address: _____

Bank Account Number: _____

GST Registered: Yes / No (Delete One) GST No: _____

Industry Levies paid on your behalf: Yes / No (Delete One)

All containers are netted. Please provide your netting ID:

Weck ID: _____

Chep ID: _____

FCC ID: _____

NZ Gap #: _____

Form Completed by: _____ Date: _____

Please attach the following documents:

Copy of Food Safety Programme Certificate

Copy of Maximum Residue Limits (MRL) Test for each product supplied - supermarket suppliers only

-----FRESHMAX OFFICE USE ONLY-----

Authorised by: _____
(Branch Manager)

Please return form once completed to fax: +64 9 917 1472