FORM 4:

EU FTA GQA APPLICATION

APPLICATION FOR EU BEEF GENERAL QUOTA ALLOWANCE

- This application is made in terms of the Quota Allowance Allocation System in respect of **EU-FTA Beef Tariff Rate Quota** ("Allocation system").
- Section 4 of the Allowance System are of particular relevance when completing this application.
- This application relates to the Quota year from 1 January to 31 December
- This application must be lodge with the Board on or before 15 October prior to the commencement of the Quota Year to which this application relates.
- The application must be sent to the **New Zealand Meat Board**.

NAME OF APPLICANT (Legal name preferred)	
APPLICANT DETAILS	
ER Number:	Telephone:
Email:	
Postal address:	
Street address:	
EU Listed Premises:	
E-Certificate delivery email (this must be a generic ema	il)
Note: Notices by the Board will be sent to the applicant at i	ts postal address or email address given above.
CONTACT PERSONS	
Specify two people who are authorised to act as ag Marketing Manager).	ents of the applicant (eg. Chief Executive,
Name:	
Position:	
Email contact:	
Name:	
Position:	

Email contact:

DECLARATION

I am authorised to make this application on behalf of the applicant company, and I can verify that:

- a. The applicant agrees to be bound by the terms of the Allocation system which the applicant has received, and which I have read prior to making this application.
- b. All the statements contained in this application and any attached documentation are to the best of my knowledge true and correct.
- c. The applicant acknowledges that it will immediately advise the Board in writing of any change of any the details contained this application.
- d. The required application fee is enclosed.

Signature:
Name (please print):
Position:
Date: