

# Imported Foods

## Application for Health Permit

FAX this form to

**(09) 630 7470 or 0800 2534272**

Date: Number of Fax pages: Number of Line items:

**FROM** Customs Agent

Job Number:

Business Names: Burnard International Ltd

Address: 39-43 Richard Pearse Drive, Airport Oaks, Mangere, Auckland

Contact Name:

Phone: DDI: (09) 2560861 Fax: (09) 275 6554

Importer (if different to above)	Holding Premises
Customs Code:	Customs Code:
Business Name:	Business Name:
Address:	Address:
Contact:	Contact:
Phone:	Phone:
FAX:	FAX:

### Shipping Details

<b>Vessel:</b>		<b>Date of Arrival:</b>	
<b>Voyage Number:</b>		<b>Port of Arrival:</b>	AUCKLAND
<b>Container Number:</b>		<b>Port of Departure:</b>	
<b>BIL Number</b>		<b>Date @ hold prem:</b>	

<b>Tariff Code:</b>	
<b>Product Description:</b>	
<b>Products Details</b>	

<b>Manufacturer Country:</b>	<b>Supplier Country:</b>
Customs Code:	Customs Code:
Name:	Name:
Address:	Address:
Certification accompanying application	Reference to previous Certification

<b>Tariff Code:</b>	
<b>Product Description:</b>	
<b>Products Details</b>	Brand:
	Batch:
	Size:
	Quantity:

<b>Manufacturer Country:</b>	<b>Supplier Country:</b>
Customs Code:	Customs Code:
Name:	Name:
Address:	Address:
Certification accompanying application	Reference to previous Certification