

APPLICATION FORM FOR NZPA ACCREDITATION

To: The New Zealand Press Association

(NAME OF APPLICANT ADVERTISING AGENCY)

being a

Partnership Company located at:

(PLACE OF BUSINESS)

HEREBY APPLIES for Accreditation to be issued in accordance with the Rules of Accreditation for the year ending 20_____

AND HEREBY ACKNOWLEDGES that it has been supplied with a copy of the Rules of Accreditation issued by the New Zealand Press Association.

AND HEREBY UNDERTAKES AND AGREES that if and so long as it is accredited as an advertising agent thereunder it will comply with and be bound by the provisions of the Rules and any properly authorised amendments which are made to them and will comply with and be bound by any decisions by the Association which are not inconsistent with those Rules..

DATED at: _____ this _____ 20_____

SIGNED by: _____ NAME _____ SIGNATURE _____

(Being the current principals/partners of the Applicant Advertising Agency)

_____ NAME _____ SIGNATURE _____

_____ NAME _____ SIGNATURE _____

_____ NAME _____ SIGNATURE _____

in the presence of: _____ WITNESS NAME _____ SIGNATURE _____

Where applicant is a company: _____ COMPANY NAME _____ Limited

_____ DIRECTOR NAME _____ SIGNATURE _____

_____ DIRECTOR NAME _____ SIGNATURE _____

NB: If the application is executed by any other method (including signing by only one director when the Company is incorporated under the Companies Act 1993 with only one director) the signatures of those signing on behalf of the Company must be witnessed

I, _____ NAME OF PRINCIPAL/OFFICER OF APPLICANT _____

hereby certify that the information contained in sections 'A' of this application is true and correct.

DATED at: _____ this _____ 20_____

SIGNED by: _____ NAME _____ SIGNATURE _____

Position: _____ STATE WHETHER PARTNER, DIRECTOR OR SECRETARY _____

in the presence of: _____ NAME _____ SIGNATURE _____

SECTION A

Trading Name: _____

Registered Name of Applicant Advertising Agency: _____

Registered at: _____ Date of Registration: _____

Street address of applicant: _____

Postal address of applicant: _____

Email address of applicant: _____

Email address for Invoices: _____

Phone office: _____ Phone Mobile: _____

- (i) The names, DOB and addresses, occupations, of the partners or of the directors or any proposed directors of the applicant advertising agency:

FULL NAME	DATE OF BIRTH	RESIDENTIAL ADDRESS

- (ii) 3 x Trade References

COMPANY NAME	CONTACT NAME	PHONE NUMBER

PART 1 – Advertiser Clients

NAME OF ADVERTISER CLIENT	PROJECTED ANNUAL PRINT SPEND	DESCRIPTION OF PRODUCT OR SERVICE

NOTE

- 1. The NZPA may call for any such further information as it deems desirable for the purpose of enabling it to decide whether to grant this application.
- 2. If this application is declined the applicant may seek a review of that decision by written application to the NZPA within fourteen (14) days after the date of notice that this application has been declined.

APPENDIX A

News Publishers’ Association Founding Members
Allied Media Limited
Ashburton Guardian Company Limited
Greymouth Evening Star Company Limited
NZME Holdings Limited
Stuff Limited
The Beacon Printing and Publishing Company Limited
The Westport News Limited