|  |  |
| --- | --- |
| **REQUEST FOR ADVISORY VISIT** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

|  |  |
| --- | --- |
| **1** **Applicant**Organisation/Division/Section, etc. |   |
| **2 IANZ Contact** |   |
| **3 Postal Address** |   |
| **4 Physical Location**Street address |   |
| **4a Physical Location** Street addresses of additional sites (if more than the one noted above) to be covered by the scope of accreditation. *(These could be listed separately and provided as an attachment.)* |   |
| **5 Telephone** |   |
| **6 Contact Person**Name of person with whom arrangements are to be made. | Name: Position: Email:  |
| **7 Email invoice address** |  |
| **8 New Zealand Business Number (NZBN)** |  |
| **9 Field(s) of Technology**Please describe the type(s) of technologies used by the organisation. |   |
| **10 Organisation Status Regarding** **Accreditation**Please tick, as appropriate. | [ ]  Potential applicant for accreditation[ ]  Applicant for accreditation Application No: [ ]  Accredited Registration No:  |
| **11 Advisory Visit Requirements** Please tick requirements, as appropriate. | [ ]  Estimated date for Visit [ ]  Half day Advisory Visit Morning/Afternoon (indicate one)[ ]  Full day Advisory Visit[ ]  Advisory Assessment written report[ ]  Quality Management documentation review[ ]  Supply of International Accreditation New Zealand publications |
| **12 Authorisation of Application for this Advisory Assessment**We undertake to pay all reasonable fees and expenses associated with this visit or documentation review. | Signature: Name: Position: Date:  |
| **13 NOTE: For new clients** | Please ensure you accompany your application with an [Application for Credit Terms](https://go.promapp.com/ianz/view/Documents/View/Open?displayType=document&documentId=fe152383-b85f-4a61-9f52-21333897c0eb) available from our website. |