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

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| **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. |