



BIOSECURITY SUPPORT

IVS Understands Biosecurity Regulations

An extensive Ministry for Primary Industries background means our experienced staff make it easy for businesses to meet the regulations for importing and unpacking sea containers.

IVS provides support to Transitional Facilities to help you apply MPI Standards to your business.

Choose between a full membership to the:

Biosecurity Support Programme

This includes:

- One site visit per year
- Annual manual review (hard copy and e-copy)
- 10% off Biosecurity Training
- 10% off signs
- Unlimited 0800 support
- Online Internal Audit
- MPI Updates

HIGH RISK

\$1000.00 + GST
(first year) then
\$600.00 + GST

LOW RISK

\$850.00 + GST
(first year) then
\$600.00 + GST

Biosecurity Services

Option One:

Site Assessment, Internal Audit and Manual.

Option Two:

Site Assessment and Internal Audit.

Option Three:

Consultancy – to review a site or provide specific information pertaining to your needs.

For anything else you may need, please call for a quote.

\$500.00 + GST

\$250.00 + GST

\$140.00 + GST
per hour

Travel charges will be based on distance travelled from your local IVS centre to your facility. This will be a zone-based structure which will also house both a vehicle and driver cost component:

Zone 1 – up to 10 km from IVS base	\$40.00
Zone 2 – from 10-20 km from IVS base	\$80.00
Zone 3 – from 20 – 30 km from IVS base	\$110.00

More than 30 km from IVS base – Zone 3 plus \$1.50 per km travelled to and from the inspection site (outside Zone 3)

Please note: Travel charges will apply in all instances where IVS visits your site and is **not included** in membership.

For **signage** or **Biosecurity equipment** requirements, please visit



Contact us at bsp@ivs.co.nz or **0800 021 169**
Visit us at www.ivs.co.nz



Biosecurity Support Request Form

Phone 0800 021 169 or email bsp@ivs.co.nz

Please tick your preferred option:

<input type="radio"/> Biosecurity Support Programme	<input type="radio"/> Biosecurity Support Programme High Risk	<input type="radio"/> Consultancy To review a site or provide specific information pertaining to your needs	<input type="radio"/> Other Services: <input type="radio"/> Option One <input type="radio"/> Option Two
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Transitional Facility Information:

Company Name:

Trading As:

Physical Address:

Postal Address:

Telephone: Fax:

Mobile: Email:

Are you an existing Transitional Facility? (If YES include ATF No.):
 Yes – ATF Number: No

Contact Person (nominated Transitional Facility Operator TFO):

TFO No. (if registered):

Volume of Containers Imported:

Type of Goods Imported: Country of Origin:

How Did You Hear About Us?:
 MPI Direct Mailer Website Advert Freight Forwarder Other _____

Trade References: Provide three, all of whom must presently supply goods to you on an open account. If IVS customer no references are required.

Name of Supplier	Contact Person	Telephone

- I the undersigned, for and behalf of the customer, hereby make this application to open an account with IVS Ltd.
- The undersigned acknowledges receipt of IVS's terms and conditions of sale and agrees to abide by them. The undersigned also agrees that the terms and conditions of sale shall form the basis of a contractual relationship between the customer and IVS Ltd.
- The undersigned hereby represents and warrants that the undersigned is duly authorized to execute this application on behalf of the customer.
- The undersigned represents and warrants to IVS that the information provided herein is true and correct to the undersigned's best knowledge, information and belief.
- The undersigned represents authority for IVS or any credit rating agency, making enquiries of and obtaining information about the financial standing and credit worthiness of you/the company.
- Terms of Trade are available at our website www.ivsltd.co.nz. Signing this application confirms your acceptance of IVS Ltd terms and conditions.

Authorized Signature for Customer: **Witness:**

Print Name:

Position: Telephone:

Payment: Tick Card Type: Visa MasterCard Debit Card

Card Number: Cardholder's Signature:

CSV: Card Expiry Date: / / Name as it appears on Card:

Please complete and send in this form to: bsp@ivs.co.nz