

Australia



ASSURANCE SERVICES PRE-APPLICATION FORM

Company Details			
Registered company name			
Trading name			
Size of Business / Number of staff	1 - 5	5 - 50	50+
NZBN / ABN			
No. of years in business			
Physical Address			
E-mail			
Phone			
Website			
Are you a manufacturer?	Yes	No	
Contact / Agent Details (if dif	ferent to above)		
Name			
Phone			
E-mail			
Do you have authority to act as an agent for the above Company	Yes	No	
Country where based NZ	Australia	Other:	
What service are you looking	g for?		
	Initial assessment	Appraisal	CodeMark
New Zealand			



Assurance Services pre-application form

Please provide the following information								
Product and Brand name								
System description								
Provide description of system e.g. cladding system, timber bevel-b weatherboards	acked							
What are the main functional components? e.g. weatherboard, cavity, fixings, fla coatings	shings,							
Scope of use for assessment e.g. residential up to 10m (NZBC E2/	AS1]							
Where is this system currently used and for how long (in years)	NZ		Australia	Other				



Assurance Services pre-application form

Manufacturers details								
	o uctano				Quality			
Manufacturer 1				Component(s)	certification(s)			
Address								
Web				-				
					0 "			
Manufacturer 2				Component(s)	Quality certification(s)			
Address								
NA . 1				_				
Web								
Manufacturer 3				Component(s)	Quality certification(s)			
					cortinoation[3]			
A 1.1								
Address								
Web								
Additional information required								
Do you have available:								
Product samples	Yes No	Technical literature/guide specific to country of use	NZ Aus	tralia				
			Other:					
Compliance test versute /								
Compliance test reports / evidence								
If yes, please provide via e-mail to assuranceservices@branz.co.nz								

Please note that all information provided will be treated in strictest confidence

For further information please contact BRANZ Assurance Services Coordinator 0800 080 063

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