Application to Participate in the MPI Original Documentation Verification Scheme (MPI ODVS)

Date:

Applicant Details

Company (Broker) Name:

Company (Broker) Code:

Physical Address:

Postal Address:

Contact Person

Name:

Email:

Telephone:

Contact (for verification purposes – this email address must always be monitored as verification activities will have a time component)

Name:

Email:

Telephone:

Approximate number of original documents submitted per annum: _____

Please submit this application to Paul Gibb (Team Leader Target Evaluation Team) at paul.gibb@mpi.govt.nz

MPI USE ONLY

Date Received:
Number of Stickers allocated:
Date issued: